

**CHARLES HOLLENBERG SUMMER STUDENTSHIP PROGRAM 2024
APPLICATION SUBMISSION INSTRUCTIONS**

E-mail items 1 and 2 below to admin.bbdc@utoronto.ca as one combined PDF document in the order listed. Do not add security features to the PDF document such as password protection or document restrictions. The document should not exceed 10 MB in size.

- 1. A completed and signed application form.**
- 2. Transcript(s).** A scanned copy of an official transcript is acceptable. Both sides of the transcript should be scanned. An unofficial transcript printed from the post-secondary institution's website (or screenshots from the website) is also acceptable.

University Undergraduate Students: Attach transcript of current university undergraduate degree program. If only one year of undergraduate degree program has been completed, attach final high school transcript as well.

Medical Students: Attach current medical school transcript and transcript of final two years of university undergraduate degree program before entering medical school.

Medical Students With Prior Graduate Degree: Attach current medical school transcript and transcript of graduate degree program before entering medical school.

Format: Text throughout this application must be single spaced. Font size must not be smaller than 11 point, Helvetica or similar.. Do not exceed the spaces provided, otherwise your application will be considered ineligible.

No other attachments such as reference letters or resumes will be considered. Any such attachment will be removed from this application.

Applications must be received by 4:00 p.m., January 16, 2024. Late or incomplete applications will not be considered.

The BBDC will confirm all applications received by e-mail. If you do not receive confirmation of application receipt, please send a separate e-mail requesting confirmation.

Inquiries:

Sanam Tajadod

Phone: (416) 978-3498

Email: admin.bbdc@utoronto.ca

**BANTING & BEST DIABETES CENTRE
 TEMERTY FACULTY OF MEDICINE, UNIVERSITY OF TORONTO
 CHARLES HOLLENBERG SUMMER STUDENTSHIP PROGRAM
 2024 APPLICATION FORM**

Format: Single spaced text. Font size must not be smaller than 11 point, Helvetica or similar.

Student's Last Name:	Student's First Name (and Middle Name if applicable):
Student's Mailing Address:	Student's Phone #: Student's Email:
<p>Current University Level at Time of Application Submission and Name of University. Note: Only students enrolled at a Canadian university are eligible to apply.</p> <p><input type="checkbox"/> A. Undergraduate student</p> <p><input type="checkbox"/> B. Medical student with no prior graduate degree</p> <p><input type="checkbox"/> C. Medical student with prior graduate degree</p> <p>Name of University: _____</p>	
Citizenship of Student:	Student's status in Canada (if other than Canadian Citizen):
Supervisor's Name:	Co-supervisor's Name, if applicable (list faculty only):
Supervisor's Mailing Address:	Supervisor's Phone: Supervisor's E-mail:
Supervisor's Primary University of Toronto Department:	Primary Location of Research:
Title of Research Project:	

DESCRIPTION OF RESEARCH PROJECT

The description should be co-written by both the supervisor and student. Highlight the objective(s), hypotheses, methodologies and expected outcomes of the proposed research project. Clearly explain the role and expected accomplishments of the summer student. Do not exceed this space.

RELEVANCE TO DIABETES

Explain how this project is directly relevant to diabetes. Do not exceed this space. (This funding program supports original discovery basic science and discovery clinical research in diabetes that would be published in a diabetes-focused journal. Research proposals can include any aspect of laboratory, animal, human, or clinical or health services research. Areas of research which are considered relevant to diabetes include the pathogenesis of diabetes and its complications, normal and pathological pancreatic islet function and intermediary metabolism, pharmacological mechanisms of drug and hormone action, biochemical and molecular aspects of normal and abnormal biological processes, and highly innovative research in population health and/or health services.)

RESEARCH ENVIRONMENT

List personnel and their positions in the lab/unit with whom the summer student will directly interact to conduct the research project. Do not exceed this space.

- Has the student previously worked with the proposed supervisor?** **Yes** **No**
- Has the student received a BBDC Summer Studentship previously?** **Yes** **No**

LIST THE STUDENT'S AWARDS, ACCOMPLISHMENTS AND EXPERIENCE RELEVANT TO THIS SUMMER STUDENTSHIP APPLICATION. Describe awards in brief detail (i.e., \$ value, funding agency (national, provincial, local), success rate if known. Do not exceed this space. Do not attach resume or reference letters. Such attachments will be removed from this application.

LIST THE STUDENT'S PUBLICATIONS AND ABSTRACTS. Do not exceed this space.

THIS SECTION TO BE COMPLETED BY PROPOSED SUPERVISOR.

FUNDS CURRENTLY HELD

Complete the sections below OR submit a similar page from a current Canadian Common CV or University of Toronto Web CV. (Do not include funds previously held or funds applied for.) List all sources of research support currently held as a principal applicant or as a co-applicant (e.g. funding organizations, industry and academic institutions). Do not include salary support. If additional pages are needed, reproduce this page.

Title of Proposal		
Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)
Title of Proposal		
Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)
Title of Proposal		
Funding Organization	Program Name	
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Title of Proposal		
Funding Organization	Program Name	
Principal Applicant/Project Leader	Your Role	
Total Amount (CAN\$)	Support Period From (MM/YYYY)	To (MM/YYYY)

SIGNATURES (Digital signatures are acceptable)	
Supervisor's Declaration: I declare that I have sufficient operating funds available to support the student's stipend and research for the duration of his/her studentship. If a Summer Studentship is awarded, I will undertake supervision of the applicant during the term of the award and ensure compliance with the terms and conditions of the award.	Print Student's Name:
Supervisor's Signature:	Student's Signature:
Date:	Date:

INDICATE THE NAME OF THE PAYEE INSTITUTION (UNIVERSITY OF TORONTO OR AFFILIATED HOSPITAL RESEARCH INSTITUTE), THE MAILING ADDRESS OF THE OFFICE THAT SHALL RECEIVE AND ADMINISTER THESE FUNDS, AND THE ADMINISTRATOR'S CONTACT INFORMATION:	
Name of Payee Institution:	Name of Administrator:
Complete Mailing Address:	Phone: E-mail: