

## Karl Kinanen Student Research Scholarship Learn more at: gilbrea.mcmaster.ca/gilbrea

Full Name:		Street Address:		
City:		Postal Code:		
Email Address:		Phone Number:		
Level of Study:	☐ Undergraduate ☐ MA ☐ PhD	Area of Study:		
Application Instructions:		Contact Information:		
<ol> <li>Download and fill out an application.</li> <li>Submit this via email to the Gilbrea Centre         (gilbrea@mcmaster.ca) with the subject: Karl         Kinanen Scholarship Application + your name</li> <li>Include a PDF letter of reference from your         supervisor.</li> </ol>		GILBREA CENTRE FOR STUDIES IN AGING  McMaster University - L.R. Wilson Hall, Room 2025-2028 1280 Main Street West, Hamilton, ON L8S 4K1  Telephone: 905-525-9140 ext. 24449 Email: gilbrea@mcmaster.ca		
Criteria for Application	:			
Criteria for Undergraduate Application:  •Must be an undergraduate student in the Department of Health Aging and Society  •The research can be conducted in conjunction with an undergraduate thesis or as an aging research interest project (for those not conducting a thesis)  •A proposed statement of interest must be included with an application which includes — a description of the proposed research project, a rationale/short lit review for research, a proposed community partner (if applicable), methods (if applicable), and a timeline.  •A letter of reference from the student's supervisor or professor must also be included.  Criteria for Graduate Application (MA/PhD)  •Must be a graduate student in the Department of Health Aging and Society  •The research should be conducted in conjunction with a thesis or graduate project.  •A proposed statement of interest must be included with an application which includes — a description of the proposed research project, a rationale/short lit review for research, a proposed community partner, methods, and a timeline.  •A letter of reference from the student's supervisor must also be included.				
Proposed Statement o	f Interest			
DESCRIPTION OF RESEAR	CH PROJECT			



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RATIONALE
RESEARCH QUESTION(S)
RESEARCH QUESTION(S)
COMMUNITY PARTNER (if applicable): Can include committed partners, or plans to connect with a community partner



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METHODS (if applicable)			
PROPOSED TIMELINE			
PROPOSED TIMELINE			
Applicant Signature:	Date:		
Supervisor Signature:	Date:		
Reviewed By:	Date:		
Approved By:	Date:		
Last Updated By:	Date/Time:		