

CSA Group Graduate Research Scholarship

Application Form

A - PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____
STREET ADDRESS: _____ APARTMENT/UNIT #: _____
CITY: _____ PROVINCE/STATE: _____
COUNTRY: _____ POSTAL/ZIP CODE: _____
TELEPHONE: _____ E-MAIL: _____

B - IMMIGRATION STATUS

CANADIAN PERMANENT RESIDENT INTERNATIONAL (PROVIDE A COPY OF VALID STUDENT VISA OR STUDY PERMIT)

COUNTRY OF CITIZENSHIP _____

C - EDUCATION PROFILE (FROM MOST RECENT)

NAME OF INSTITUTION: _____
PROGRAM OF STUDY: _____
DEPARTMENT: _____
FACULTY: _____
CITY: _____ PROVINCE/STATE: _____
COUNTRY: _____ POSTAL/ZIP CODE: _____
DEGREE NAME: _____
DEGREE STATUS COMPLETE IN PROGRESS INCOMPLETE APPLYING TO
START DATE: _____ END DATE (OR EXPECTED END DATE): _____

C - EDUCATION PROFILE (FROM MOST RECENT) *CONTINUED*

NAME OF INSTITUTION: _____

PROGRAM OF STUDY: _____

DEPARTMENT: _____

FACULTY: _____

CITY: _____ PROVINCE/STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

DEGREE NAME: _____

DEGREE STATUS COMPLETE IN PROGRESS INCOMPLETE

START DATE: _____ END DATE (OR EXPECTED END DATE): _____

NAME OF INSTITUTION: _____

PROGRAM OF STUDY: _____

DEPARTMENT: _____

FACULTY: _____

CITY: _____ PROVINCE/STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

DEGREE NAME: _____

DEGREE STATUS COMPLETE IN PROGRESS INCOMPLETE

START DATE: _____ END DATE (OR EXPECTED END DATE): _____

NAME OF INSTITUTION: _____

PROGRAM OF STUDY: _____

DEPARTMENT: _____

FACULTY: _____

CITY: _____ PROVINCE/STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

DEGREE NAME: _____

DEGREE STATUS COMPLETE IN PROGRESS INCOMPLETE

START DATE: _____ END DATE (OR EXPECTED END DATE): _____

D - AWARDS AND RECOGNITIONS (FROM MOST RECENT)

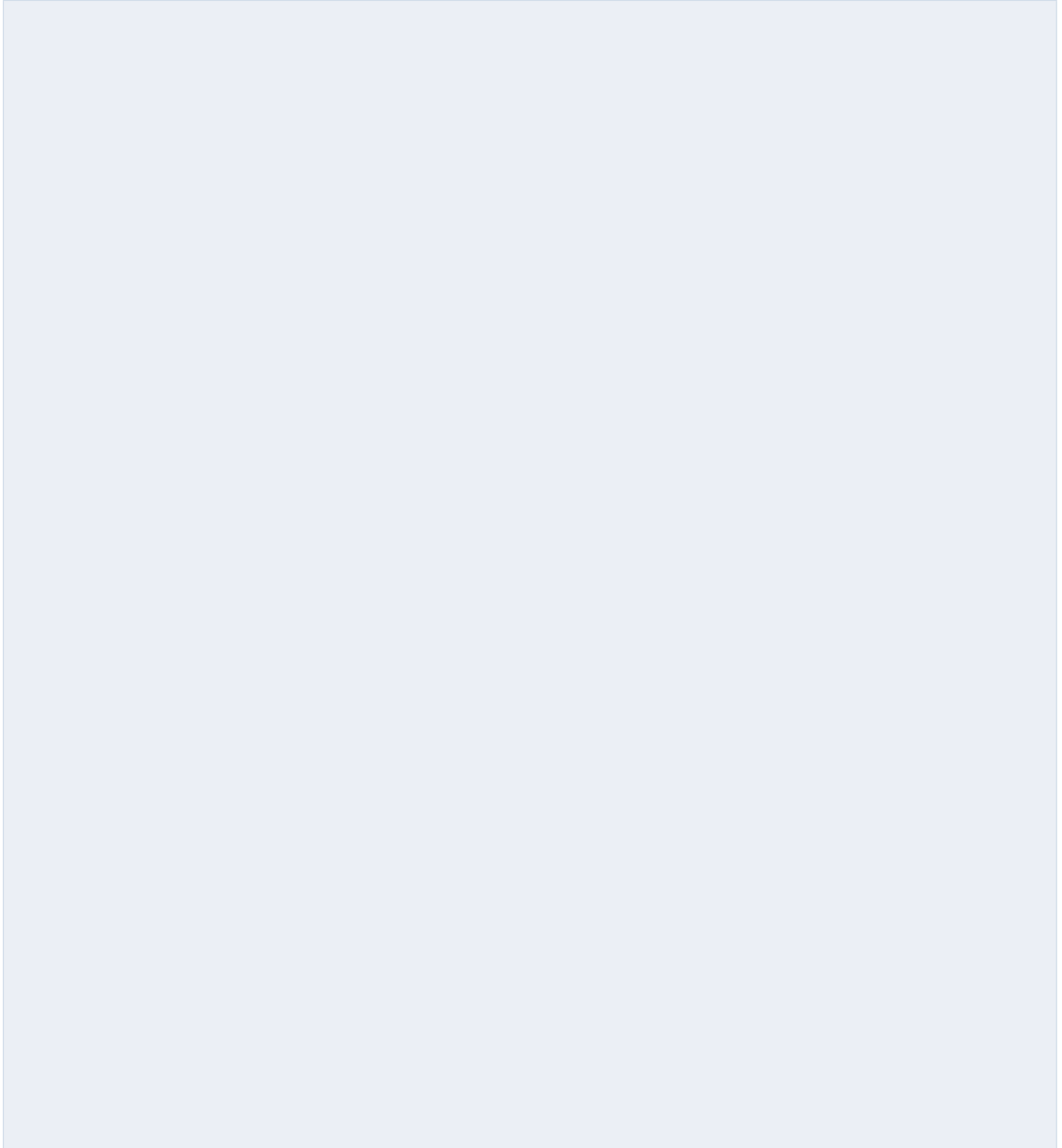
Year(s) Awarded	Name of Scholarship, Award, Prize, etc.	Funder	Amount (if applicable)

E - EMPLOYMENT INFORMATION (FROM MOST RECENT)

POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):
POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):
POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):
POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):
POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):
POSITION:
ORGANIZATION:
START DATE (YEAR/MONTH):
END DATE (YEAR/MONTH):

F - RESEARCH CONTRIBUTIONS

List publications under the following categories: 1) Peer-reviewed publications (e.g. journal articles, books, book chapters, papers in conference proceedings); 2) non-peer-reviewed contributions; 3) contributions relating to industrially-relevant R&D activities, patents and copyrights; 4) creative outputs; and 5) other relevant activities, if applicable.



G - STANDARDS-RELATED EXPERIENCE

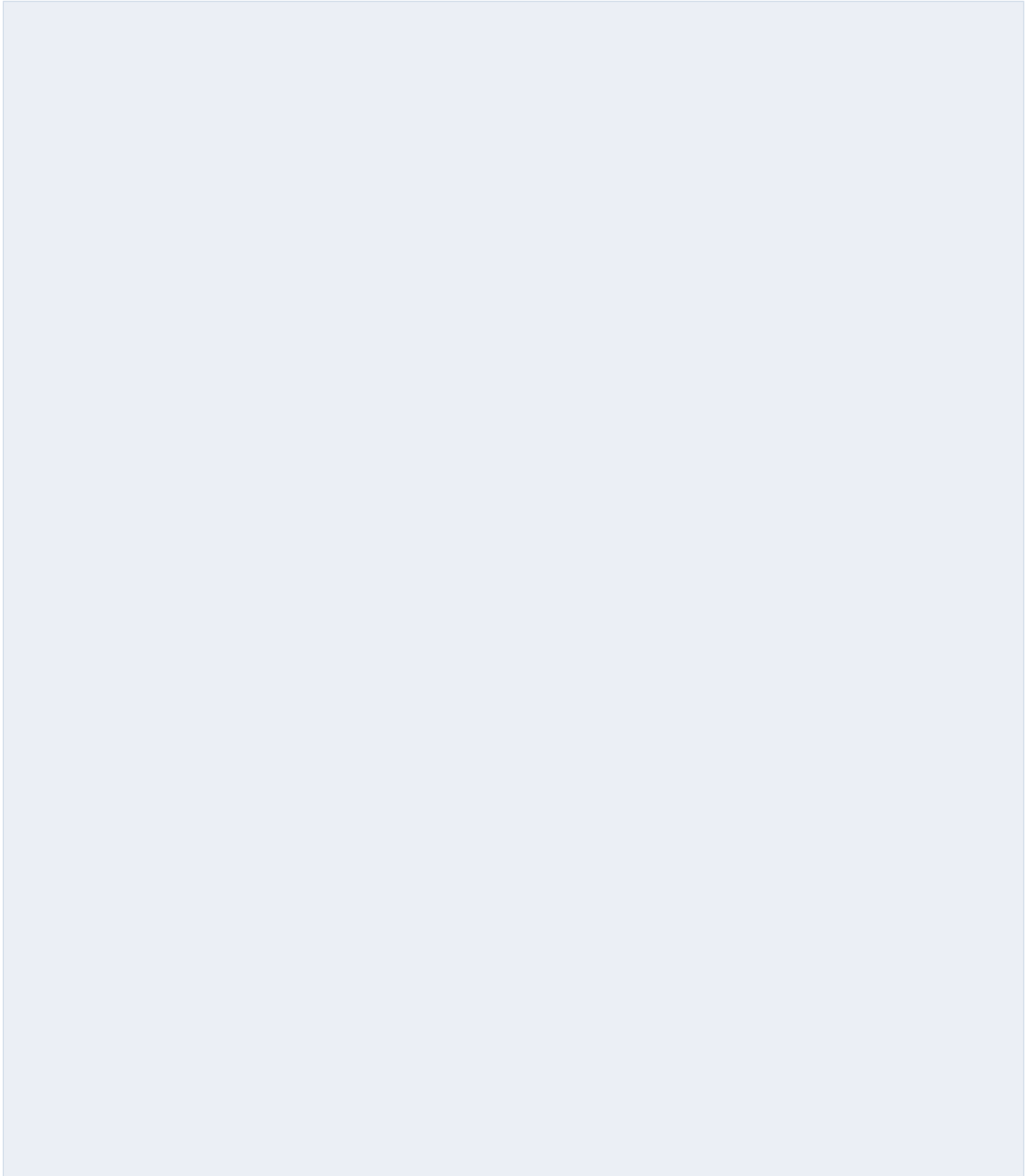
Have you previously engaged with a Standards Development Organization or do you have any other standards-related experience? Explain. **Note that this is not a requirement for the scholarship and will not be factored into the evaluation.**

H - AFFILIATIONS, MEMBERSHIPS AND OTHER ACTIVITIES

Activity	Start Date	End Date	Description

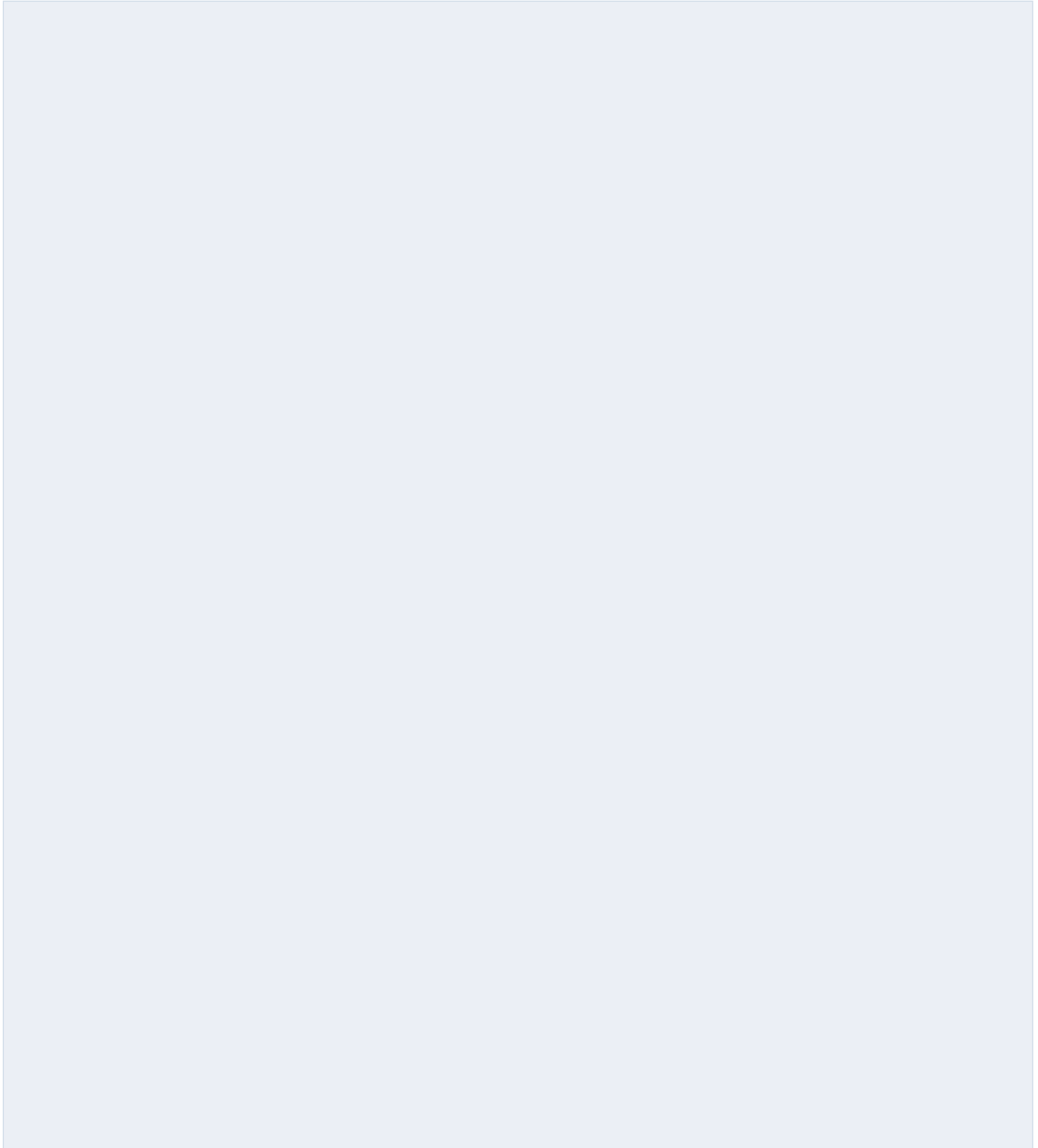
I - SUMMARY OF PROPOSAL

Provide a brief summary of your proposal (max 300 words) in language that a lay audience can understand. This summary may be made available to the public should the application be successful.



J - STATEMENT OF RESEARCH

Provide a summary of the proposed research including an introduction of the issue, statement of purpose and a brief description of methods. Proposals may be no longer than 2 pages excluding references. The proposal should clearly describe the standards-related component of the research. Refer to the Application Instructions for further details.



J - STATEMENT OF RESEARCH *CONTINUED*

[Empty text area for the Statement of Research]

J - STATEMENT OF RESEARCH *CONTINUED*

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K – REFEREE INFORMATION

1. FULL NAME: _____

POSITION/INSTITUTION: _____

PHONE: _____

EMAIL: _____

2. FULL NAME: _____

POSITION/INSTITUTION: _____

PHONE: _____

EMAIL: _____

L – ATTACHMENTS CHECKLIST

- SCHOLARSHIP APPLICATION FORM
- PROOF OF CANADIAN CITIZENSHIP, PERMANENT RESIDENT, PROTECTED PERSON, OR STUDENT VISA
- UNDERGRADUATE TRANSCRIPT(S)
- GRADUATE TRANSCRIPT(S) (IF APPLICABLE)
- SUPERVISOR LETTER OF SUPPORT
- REFEREE LETTER 1 (SENT DIRECTLY TO SCHOLARSHIP@CSAGROUP.ORG FROM REFEREE)
- REFEREE LETTER 2 (SENT DIRECTLY TO SCHOLARSHIP@CSAGROUP.ORG FROM REFEREE)

M – SIGNATURE AND DECLARATION

I certify that the information provided in this application is accurate and true. I understand that the information provided in this application is subject to verification. If the information provided is found to be inaccurate, the applicant will not be eligible for consideration. Should funding be provided prior to the determination of inaccurate information, the scholarship will be revoked.

X

Scholarship Applicant