



University of Lethbridge



Please submit completed application form, transcripts and reference letters to admin@RNAInnovation.ca

Family Name:		Given Name:		Initial(s):	
UofL or UdeS ID# (if available):					
ADDRESSES (changes to any of the information below must be sent to admin@RNAInnovation.ca)					
Current address:			Permanent mailing address: <i>(if different from current address)</i>		
If current address is temporary, indicate leaving date:			Telephone number at permanent mailing address:		
Telephone number:	Facsimile number:		Primary e-mail address:		
CITIZENSHIP (please select one of the following three options that applies to you)					
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident of Canada Indicate date of landing as stated on official immigration document: _____		<input type="checkbox"/> Other Indicate country of citizenship: _____		
SIGNATURE					
I hereby agree that any award made to me as a result of this application will be subject to the general conditions governing scholarships and fellowships. These conditions are outlined in the RNA Innovation program guide.					
_____			_____		
Applicant's signature			Date		



Natural Sciences and Engineering Research Council of Canada

Conseil de recherches en sciences naturelles et en génie du Canada



RNA INNOVATION APPLICATION FORM

ACADEMIC BACKGROUND (include all post-secondary institutes attended; begin with most current)				
Degree	Name of discipline	Department, institution and country	Month and year started	Month and year awarded/expected

RNA INNOVATION APPLICATION FORM

ACADEMIC, RESEARCH AND OTHER RELEVANT WORK EXPERIENCE (begin with most current)			
Position held and nature of work (full-time / part-time)	Organization and department	Supervisor name, phone number, email address	Period (mm/yyyy – mm/yyyy)

RNA INNOVATION APPLICATION FORM

RNA INNOVATION AWARD APPLYING FOR							
Degree:							
Undergraduate (B.Sc.)	<input type="checkbox"/>	Graduate (M.Sc.)	<input type="checkbox"/>	Doctor of Philosophy (Ph.D.)	<input type="checkbox"/>	Post Doctoral Fellow (P.D.F.)	<input type="checkbox"/>
Proposed field of study / research:			Proposed starting date of award (mm/yyyy):				
Proposed University of study:			Proposed supervisor (if known):				
Indicate the total number of months of graduate studies (master's or doctoral) you have or will have completed as of December 31 st of the year of application in the natural sciences or engineering:							
_____ months of full-time studies		_____ months of part-time studies					
Indicate the number of months of studies you have or will have completed, as of December 31 st of the year of application, in the program for which you are requesting funding :							
_____ months of full-time studies		_____ months of part-time studies					
Indicate if you are attending university at the time of application:							
<input type="checkbox"/>	Attending full time	<input type="checkbox"/>	Attending part-time	<input type="checkbox"/>	Not attending		
SCHOLARSHIPS AND OTHER AWARDS (start with the most recent)							
Name of award	Value (per annum) (CND\$)	Level: Institutional, Provincial, National, International	Type: Academic, Research, Leadership, Communication, Travel	Location of tenure	Period held (mm/yyyy – mm/yyyy)		

RNA INNOVATION APPLICATION FORM

JUSTIFICATION FOR RNA INNOVATION AWARD

Provide a rationale. What could potentially set you apart from other applicants? What research, professional skills development and training opportunities offered by the RNA Innovation program are of interest to you? How does your proposed research fit into the mandate of RNA Innovation?

RNA INNOVATION APPLICATION FORM

Application Check List

- Completed application form
- Transcripts (undergraduate and graduate, if applicable)
- Reference letters from two (2) academic or industry referees