

January 1, 2018

**The Hospital for Sick Children
Department of Paediatric Laboratory Medicine**

The Dr. M. Daria Haust Pathology Summer Studentship

Application Form

Deadline Date – March 1, 2018

*****All fields must be completed in order to process your application*****

The Dr. M. Daria Haust Pathology Studentship shall be used each year towards funding one studentship for University of Toronto medical students, to undertake research, clinical work or academic endeavours within the Department of Paediatric Laboratory Medicine at The Hospital for Sick Children. Preference will be given to medical students in the summer immediately after their first or second year of medical school,

Student Information

Name: _____ 1st or 2nd Year: _____

U of T's E-mail Address: _____ Student ID #: _____

Mailing Address: _____

Applicants will be required to arrange suitable projects with a Faculty supervisor.

Will you be receiving any other form of funding for this project? If yes, please describe and attach supplementary documentation where appropriate:

Your application is due no later than March 1, 2018. In addition to this application form, the following attachments must be included: a letter of application, an up-to-date curriculum vitae, a transcript of your academic record to date and a letter of reference from a professor of your choice. Consideration will be given to:

- Academic Achievement
- Interest in Pathology
- Merits of the proposed research/clinical work/academic endeavor

Research proposals must meet relevant legal requirements for protecting researchers, human subjects, the health and safety of the public and the welfare of laboratory animals; comply with relevant University and granting agency policies and regulatory or legal requirements that relate to the conduct or reporting of research and scholarly activity; and, be conducted under appropriate approvals, permits or certifications.

If you receive a summer studentship, you will be expected to present findings or learning experiences to the department at the end of the summer.

Project Information

Name of Supervisor: _____

Supervisor's Signature: _____

Please provide the following details of the project in a one-page summary using the following template:

1. Research Question:
2. Background/Justification:
3. Methods (Design, Participants, Outcomes):
4. Analysis Plan:
5. Timeline:
6. Importance/Potential Impact of Project:

Please submit your completed application electronically to susan.richardson@sickkids.ca or **single sided and no staples please**, no later than March 1, 2018, to:

Dr. Susan Richardson
The Hospital for Sick Children
Department of Paediatric Laboratory Medicine
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Toronto, ON
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