



# INDIGENOUS PEOPLES' HEALTH RESEARCH CENTRE

## Undergraduate Research Award Application

### Supervisor Information: *to be completed by supervisor:*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Student Information: *To be completed by student:*

Student Name: \_\_\_\_\_

Institution:  FNUNIV  U of R  U of S

Degree program & year: \_\_\_\_\_

Aboriginal Status:  Métis  Non-Status  Non-Aboriginal

Status; if checked, please answer the following questions:

Band: \_\_\_\_\_

Do you live on Reserve?  Yes  No  Part-time (ex: summers, etc.)

Sex: Male  Female

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Supervisors are encouraged to provide additional funding to match suggested rates of employment that are based upon educational level at the University of Regina, First Nations University of Canada, and the University of Saskatchewan.

Salary to be offered: \_\_\_\_\_

Source of Current Research Support for Project:

FUNDER	AMOUNT

Collaborating Aboriginal Community or Organization: \_\_\_\_\_

Does this project involve:    Human subjects             Y     N  
   Animal Experimentation             Y     N

Is this student for:     Ongoing project (please describe the number of hours and timeframe):

\_\_\_\_\_

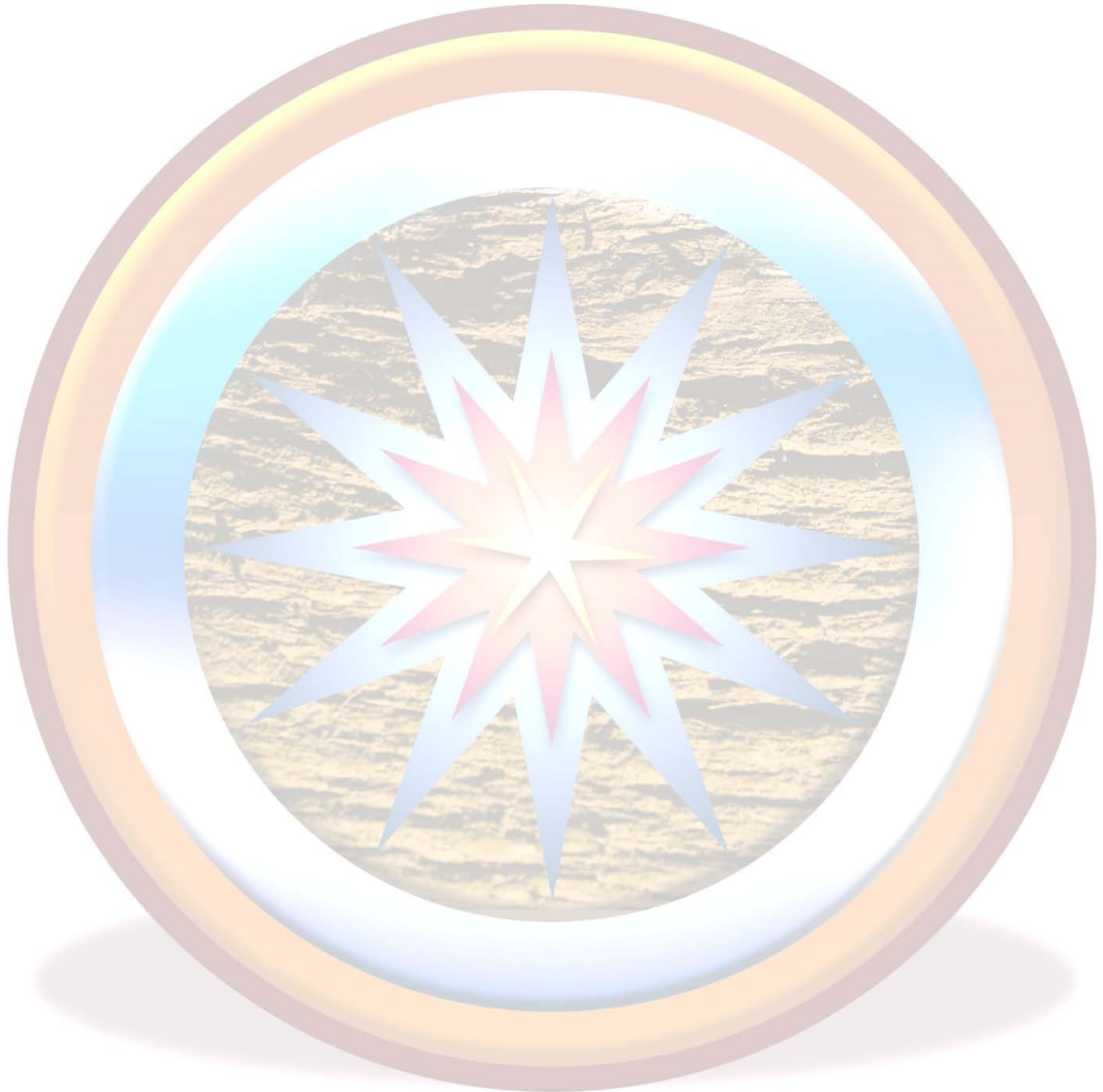
Summer project (May – August only):  
 <30 hours/week     30+ hours/week

Name of Candidate: \_\_\_\_\_

**Research Information (to be completed by Supervisor)**

Title of Research Project:

Synopsis of Research (300 words):



## Signatures: Print Names and Sign below

Student Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Dept. Head/Dean or Director Name: \_\_\_\_\_

**The undersigned agree that all information is correct, accepted is accurately described.**

**The undersigned also agree that the applicant's and supervisor's demographic and project information will be used for data collection purposes for IPHRC.**

**The undersigned also agree that the applicant's and supervisor's name and project information will be used for IPHRC promotional purposes, which includes, but is not limited to, a public profile on IPHRC's and the Aboriginal Health Research Network's websites.**

	Signatures:	Date:
Candidate/Student:		
Primary Supervisor		
Co-Supervisor		
Dean of Faculty		
Office of Research Services at: FNUNIV <input type="checkbox"/> U of R <input type="checkbox"/> U of S <input type="checkbox"/>		

### ADDITIONAL INFORMATION

This form, plus the CV/resume are to be emailed in **one** pdf document to [Marissa.desjardins@uregina.ca](mailto:Marissa.desjardins@uregina.ca) **no later** than March 1.

The following need to be **mailed in one package** to the IPHRC Regina Office below postmarked no later than March 1:

- Transcripts
- Signature Page (this page)

Marissa Desjardins,  
Research Coordinator  
Indigenous Peoples' Health Research Centre  
CK 115, University of Regina  
Regina, SK S4S 0A2

**Late submissions will not be included in the competition pool.**