



Canadian Space Health Research Network
www.canadianspacehealth.ca
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@space_health

2022 CANADIAN SPACE HEALTH UNDERGRADUATE RESEARCH AWARD

APPLICATION FORM

First Name Last Name

Email Phone

University/College Year of study

Degree, Program (BSc, BA, BEng, etc.) and GPA (calculated on last two years of study)

Proposed Supervisor Name

Proposed Supervisor Institution

Proposed Project Start Date

Disclosure on membership of underrepresented groups (optional)

Please submit this form and all required material to awards@canadianspacehealth.ca

Project Title (15 words maximum)

Project Description (300 words maximum)

A short overview of the study, highlighting its objectives, novelty and significance.

Experience (250 words maximum)

Past relevant professional, volunteer or academic experience of the applicant that will contribute to the success of the proposed research project.



Career Benefits (250 words maximum)

Description of the potential benefits that the proposed research experience may have on the applicant's scientific career.



- ✓ **I agree that if I have chosen to work with a supervisor who is not located at my institution, I will be responsible for travel and accommodations to that institution**

- ✓ **At the end of the award period, I agree to submit a one-page summary describing the project's findings and their potential scientific impact**

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