UBC Healthy Aging Summer Student Research Award Application form

Applicant's first	and last names:			
Applicant's emai	il address:			
University:				
Academic Progra	am:		Major (if applicable):	
Current year of s	study:	Expect	ed graduation date:	
Primary Supervis	sor:		Supervisor's email:	
Supervisor's UB(C department and faculty:			
Research Project	t Title:			
(Gerosciences, s	(s) does the project align with: ociety to cell, age-associated ation & intervention)			
Length of award	/work term being applied for (be	tween	8-16 weeks)	
	Appl	icant A	ward History	
List all awards/	recognitions you have received		-	
Date(s)	Award Name		Agency/Organization	Total Value (\$CAN) if applicable
			cripts	
List all post-sec	condary transcripts submitted wit	h the a		
	Institution		Degree type/	program

s page only.						

Research Project: Please describe (1) the objectives and approach of the proposed project, (2) your role and

c. Limited to ha			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nip positions, wor	it or recourse emper	icric
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