**Application Form**

**Breakthrough Cancer Research Summer Student Scholarship**

The closing date for receipt of applications is **17:00 (GMT)** **25th February 2021.**

For information on the Research Scholarships and the application process, please visit [our website](https://www.breakthroughcancerresearch.ie/research/).

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: Mr/Ms/Other  (specify) | Last Name | First Name | Middle Name(s) |
|  |  |  |  |
| Date of birth (DD/MM/YY) | Gender (M/F) | Nationality (i.e. your passport-issuing country) | Place of Birth |
|  |  |  |  |
| Permanent Address | | Address for correspondence (if different) | |
| ………………………………………………………  ………………………………………………………  ………………………………………………………  ………………………………………………………  Postcode………………Country…………….  Telephone Number ……………………………….  Mobile Number……………………………………. | | ………………………………………………………  ………………………………………………………  ………………………………………………………  ………………………………………………………  Postcode………………Country …………  Telephone Number …………………………….. | |
| E-mail Address…………………………………………………………………………………………………………. | | | |

1. **a. Current Study: Please give details of your degree**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Major Subject | Expected Completion Date | Institution Name | Student No. |
|  |  |  |  |  |

**b. Current Study: Please give details of your degree to date (insert more rows if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Major Subject | Minor Subjects | Results |
| Yr 3 |  |  |  |
| Yr 2 |  |  |  |
| Yr 1 |  |  |  |

1. **Academic Awards or Scholarships received**

|  |  |  |
| --- | --- | --- |
| Award/Scholarship | Year | Institution Name |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of Proposed Research Project**

|  |  |  |
| --- | --- | --- |
| Title | Principal Investigator | Institution Name |
|  |  |  |

1. **Personal Research Statement (max 500 words).** Please give details of

(i) your research/laboratory experience,

(ii) your motivation for pursuing a research scholarship on this research topic

(iii) your interest in this summer cancer research scholarship and

(iv) why you are particularly suited to this research programme

**5.****Research project (max 1000 words):** Please describe your

(i) Research question,

(ii) Aims and objectives,

(iii) How this project aligns with Breakthrough Cancer Research’s current research priorities,

(iv) Methodology

(vii) Deliverables

(v) Why you choose this Principal Investigator

**b. References.** Please give a maximum of 5 references using the Harvard referencing style)

|  |  |
| --- | --- |
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**6**. **Research Project Budget.**

|  |  |
| --- | --- |
|  | **Euros** |
| 1. **Personnel Costs** |  |
| 1. Student Stipend |  |
| 1. Student Fees |  |
|  |  |
| 1. **Running Costs/Consumables** |  |
| Project Consumables |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. **Travel Costs** |  |
|  |  |
|  |  |
| **TOTAL PERSONNEL COSTS** |  |
| **TOTAL RUNNING COSTS** |  |
| **TOTAL TRAVEL COSTS** |  |
| **TOTAL COST** |  |

1. **Proposed Supervisor at relevant Irish University**

*Applicants* ***must*** *nominate one supervisor. The supervisor must complete the ‘****Summer Cancer Research Scholarship Supervisor Form****’ which must accompany your application.*

1. Have you contacted this supervisor to discuss your research plans?

YesNo

1. We require a completed Supervisor form*.*
2. Download the Supervisor form available on our website.
3. Fill out Section A in the Supervisor form and provide this to your proposed supervisor.
4. The proposed supervisor should then complete Section B of the Supervisor form and submit to [research@breakcancer.ie](mailto:research@breakcancer.ie), to be received by **17:00 (GMT) 25th February 2021.**
5. Please provide the name and contact details for the proposed supervisor below.
6. Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Position:
8. Email: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Telephone
10. **Academic References**

We require two references that indicate your academic suitability and potential to undertake postgraduate research in Cancer Research in an Irish University. *References from any proposed supervisors will not be accepted.*

1. Please provide the names and contact details for each of your referees below.
2. Please gain the consent of any proposed referee before nominating.
3. Download the Academic Reference Form available on our website.
4. Fill out Section A in two copies of the Academic Reference Form and provide these to your referees.
5. Each of your referees should then complete Section B of the Academic Reference Form and submit to [research@breakcancer.ie](mailto:research@breakcancer.ie), to be received by **17:00 (GMT) 25th February 2021.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Position** | **Contact Details** |
|  |  |  | Email: |
| Telephone: |
|  |  |  | Email: |
| Telephone |

**How did you hear first about the Breakthrough Cancer Research Summer Student Scholarship?**

Breakthrough Cancer Research Website  Breakthrough Cancer Research Social Media

Word of mouth  IACR website  www.findaphd.com

Musgrave Social media  Other - please provide details

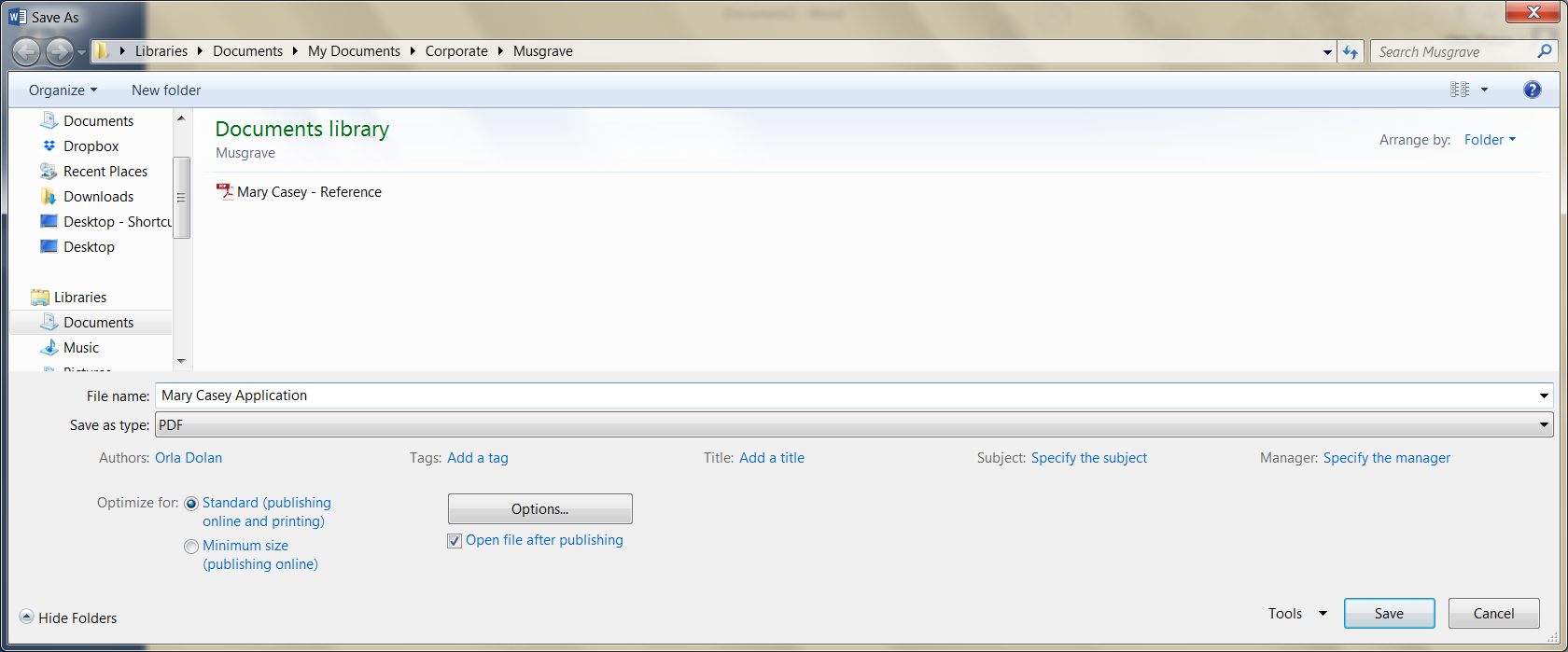
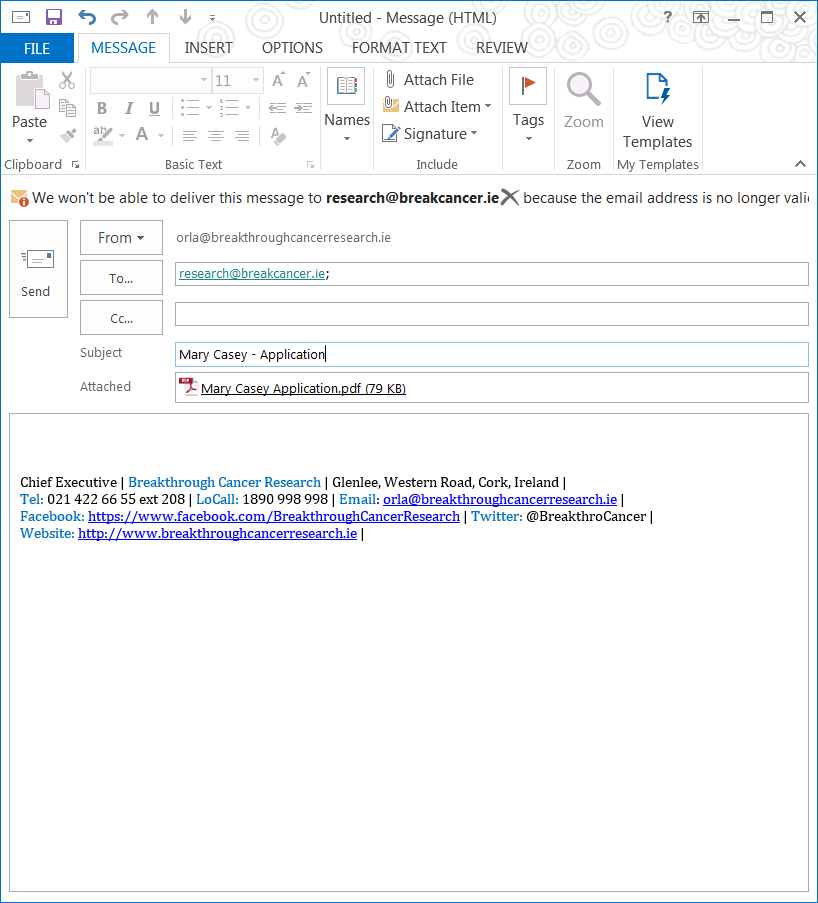
*Please note that it is* ***your responsibility*** *to ensure that the proposed supervisor submits the completed ‘****Summer Scholarship Supervisor Form’******and*** *that referees submit the completed ‘****Academic Reference Forms’*** *to* [*research@breakcancer.ie*](mailto:research@breakcancer.ie) *by* **17:00 (GMT) 25th February 2021**.   
Incomplete applications will not be assessed.

**Declaration**

Please type your name in the box below to indicate that the information you have provided is true to the best of your knowledge. You may be asked to sign the form if selected to attend for interview.

|  |  |
| --- | --- |
| **Applicant’s Signature** | **Date** |
|  |  |

**How to submit your Application Form**

1. Save the application form in **PDF format**, with your **full name included in the filename**. See example below:  
     
   
2. Email the application form as an attachment with **your full name in the subject line** to [research@breakcancer.ie](mailto:research@breakcancer.ie)by **17:00 (GMT) 25th February 2021.** See example below:  
     
   
3. ***IMPORTANT:*** The two completed Academic Reference Forms must also be received by Breakthrough Cancer Research by **17:00 (GMT) 25th February 2021.**
4. **English Language Requirements**

All applicants, whose first language is not English, must present one of the following qualifications in the English language.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **IELTS** | **TOEFL** | **Pearson PTE** |
| Arts/Business/Law (No less than 5.5 in any component) | 6.5 | 88 | 61 |
| Medicine (No less than 6.5 in any component) | 6.5 | 88 | 61 |
| Science / Engineering (No less than 5.5 in any component) | 6.5 | 88 | 61 |

Language tests must be undertaken no more than two years prior to commencement of your programme at the University.

**Please note that you may be asked to provide transcripts of your academic record and TOEFL should you progress to the later stages of the selection process.**