



THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION

Mathison Centre for Mental Health Research & Education Summer Studentship Application

Please complete and return this form along with transcripts, and supervisor letter of support.

Student Information:

Full Name

UCID:

Last

First

Middle Initial

(if known)

Phone:

Email:

What other scholarship programs have you applied to (i.e. NSERC, USRP, etc.)?

Please attach copies of the **first page** of each application.

Work Term (between 3-4 months):

Proposed start date:

End Date:

Supervisor information:

Proposed Supervisor

Department:

Email:

Telephone:

Signatures:

Student Signature:

Date:

Supervisor Signature:

Date:

Please provide a brief research project description below (~250 words)