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**Allied Health Kidney Scholarship Application**

# IMPORTANT NOTICE

**Policy on Incomplete Applications**

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| All applicants are strongly cautioned to carefully READ and FOLLOW the instructions and requirements outlined in the “Allied Health Kidney Scholarship Policies 2024 Competition” and the “Checklist”.  In order to maintain the principle of fairness to all, regulations MUST be adhered to in the preparation of a Scholarship. ANY infraction of the rules will lead to the truncation or immediate rejection (without appeal) of the application. These regulations have the advantage of being unambiguous for applicants, easily enforceable by staff and/or review panels, and absolutely fair and equitable for all applicants. |

**Email Submission of Application**

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| The applicant must submit a PDF copy of the full application (including all addenda and signatures) by email to [christine.marquis@kidney.ca](mailto:christine.marquis@kidney.ca) no later than **November 1, 2023 by 11:59 pm EST.** |

# ALLIED HEALTH KIDNEY SCHOLARSHIP CHECKLIST

COMPLETE AND FORWARD THIS SHEET WITH YOUR APPLICATION

Name of Candidate       Date

**CONTENTS OF THE COMPLETE APPLICATION PACKAGE**

The application must be assembled on current available forms and submitted in the following order (CHECKLIST on top) to The Kidney Foundation of Canada. See page 3 of the Policies for details.

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| 1. | Allied Health Kidney Scholarship application | | | 4. | Letter from academic institution confirming acceptance into a full-time or part-time course of study. **Must be received by June 30**. | |
| 2. | Permanent resident document (if applicable) | | | 5. | Program description provided by your institution | |
| 3. | Two referees’ “Assessment of Candidate Forms” (rating form and letter of support). **Must be received by the competition deadline.** | | | 6. | Certified academic transcripts (post secondary). **Must be received by the competition deadline.** | |
|  | Attached | To be forwarded | Name |  | Attached | To be forwarded |
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**SUBMIT AN APPLICATION**

All applications and assessment forms must be submitted electronically by the deadline date, **November 1, 11:59 pm EST** to [christine.marquis@kidney.ca](mailto:christine.marquis@kidney.ca).

Official transcripts must be emailed to [christine.marquis@kidney.ca](mailto:christine.marquis@kidney.ca) by the deadline date.

**It is the responsibility of the applicant to ensure that each item be completed or where allowed is forwarded within the appropriate time. Incomplete applications will not be considered.**

Applications can **only** be submitted by email.

**CONFIRMATION OF APPLICATION SUBMISSION**

The KFOC will acknowledge receipt of applications via email to the Applicant listed on page 1.

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|  |  |
| --- | --- |
| Candidate Surname | Given Names |
| Courier Address (If different from mailing address) | Mailing address |
| Contact Numbers  Phone  Fax | Electronic Addresses E-Mail  Web Address |
| Citizenship  Canadian  Other  Country | Permanent Residence in Canada  Permanent Resident  Effective Date  DD/MM/YYYY  Have you applied for permanent Yes  No residency? |
| Birth Date  DD/MM/YYYY |
| Correspondence preferred in  English  French | Application is for  Full-time  Part-time |
|  | Date of expected completion of program  MM/YYYY |
| Have you applied for a KFOC Scholarship before? YES  Year of Competition  NO | |
| Institute which will administer the funds (**Name, address and telephone number of administrative officer**) | |
| **Signatures**  It is agreed that the general conditions governing grants and awards as outlined in the Policies and Regulations apply to any grant or award made pursuant to this application and is hereby accepted by the applicant(s) and the applicant's institution. | |
| **Supervisor** |  |
| Name and Address | E-mail |
| Signature |  |
| Date |  |
| Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Name of Candidate** | | | | | |
| **Academic and Professional Experience**   1. **Education**   List your degrees and diplomas starting with the most recent or in progress. | | | | | |
| **Degree** | **Institution and Country** | **Subject of Degree** | **Supervisor** | **Start Date**  **(MM/YYYY)** | **End Date**  **(MM/YYYY)** |
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| **b) Academic and Professional Awards and Distinctions**  Provide as much detail as possible on the type of award, the date awarded and the name of the awarding organization. **One additional page may be added.** | | |
| **Type** | **Awarding Organization** | **Date Awarded** |
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| **Name of Candidate** | | | |
| 1. **Professional Employment Record**   List chronologically all work-related experience. Indicate position, organization and year. | | | |
| **Position** | **Organization/Institution** | **Start Date**  **(MM/YYYY)** | **End Date**  **(MM/YYYY)** |
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| 1. **Membership in Professional Associations** |
| **Organization/Association** |
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| **Name of Candidate** |
| **Professional Services and Activities (**e.g. committee membership, editorship and consultancies**)** |

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| **Name of Candidate** |
| **Research and Professionally Related Scholarly and Creative Activities (**include grants received and publications**)** |

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| **Name of Candidate** |
| **Career Goals** |
| **Other Relevant Information** |

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| **Name of Candidate** |
| **Nature of the Course of Study**  Please describe your program including percentage of program engaged in research and coursework, as well as other program requirements such as practical or intern portions, requirements to act as a teaching assistant, etc. **Do not exceed space below.** |
| **Plain Language Abstract and Title**  Clear and concise plain language titles and abstracts are an essential component of any research proposal or research article. Your lay abstract must clearly communicate why your research matters to a broad audience that includes patients, funders, and policy makers. Please utilize formatting as described in "Best Practices for Writing a Plain Language Abstract". **650-750 words**.  This information will be used in communications to the volunteers, donors and public about research supported by the Foundation. |

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| **Name of Candidate** |
| **Summary of the Project**  Provide a summary of your proposed focus of study (population, research design etc.) and how it relates to nephrology.  Include aims, goals, and basic methodology. **No additional pages can be added.** |

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| Name of Candidate |
| **media policies**  KFOC Scholarship recipients must advise the National Director of Research of any proposed activities that may have media relations implications related to the work supported by the KFOC. Copies of the relevant materials (i.e. media releases, media backgrounders, etc.) should be submitted to the National Director of Research for approval in advance of the activity to:  **Leanne Stalker**  **National Director of Research**  The Kidney Foundation of Canada  310-5160 Décarie Blvd.  Montréal, QC  H3X 2H9  E-mail : [leanne.stalker@kidney.ca](mailto:leanne.stalker@kidney.ca)  The above would not apply to papers presented at various scientific meetings, or when there is casual discussion with the news media on matters not related to the KFOC Scholarship.  **applicant consent form for use and disclosure of**  **personal information provided to the kfoc for peer review**  The KFOC seeks your certification that you have been informed that all the information supplied in this application will be made available to KFOC personnel responsible for managing the peer review process to review applications, to administer and monitor grants and awards, to compile statistics and to promote kidney research in Canada.  Information supplied in the application will be made available to Peer Review Committees composed of experts recruited from the academic, public and private sectors. Applications may also be transmitted to external reviewers.  Information supplied in the application may also be made available to the Research Council for relevancy and funding decisions.  I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes as herein described. I understand that I may withdraw my consent at anytime and that it will become effective upon its receipt by the KFOC. Further, I agree to the Media Policies should I be awarded a KFOC Scholarship. Signature(s) Date Candidate  Supervisor(s) |
| **Do you agree to the release of the information in this application to other organizations for the purpose of determining potential eligibility for other sources of funding?**  YES  NO |

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| **Name of Candidate** | |
| **REFEREES**  List name and address of the two referees asked to forward assessments directly to The Kidney Foundation of Canada. The "Assessment of Candidate" form is attached to the application or can be found on the KFOC website at [www.kidney.ca](http://www.kidney.ca). Forward these forms directly to your referees. | |
| 1. **Name and Address** | 1. **Name and Address** |
| Attached  To be forwarded | Attached  To be forwarded |

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**ALLIED HEALTH KIDNEY SCHOLARSHIP**

|  |
| --- |
| Name of Candidate |
| ASSESSMENT OF CANDIDATE FORM |

1. The information provided on this form is most important to the KFOC in evaluating the suitability of the candidate for training in research in the health sciences. You are therefore asked to give detailed information (both pro and con) about the candidate. The Canadian Privacy Act stipulates that, in response to a specific request by the candidate, the KFOC must make available a copy of your assessment.

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| --- | --- | --- | --- | --- | --- | --- |
|  | 100-80 Exceptional | 79-65 | 64-51 | 50Average | 49-0 | Unable to Judge |
| Background Preparation |  |  |  |  |  |  |
| Industry/Perseverance |  |  |  |  |  |  |
| Motivation/Initiative |  |  |  |  |  |  |
| Organizational Ability |  |  |  |  |  |  |
| Skill at Research (Demonstrated) |  |  |  |  |  |  |
| Skill at Research (Potential) |  |  |  |  |  |  |
| Judgement/Critical Sense |  |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |  |
| Originality (Demonstrated) |  |  |  |  |  |  |
| Originality (Potential) |  |  |  |  |  |  |

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| 1. Give your overall assessment of the applicant relative to others having the same training.   upper 10%  upper 20%  upper 30%  upper 50%  lower 50% |
| 1. Indicate the period of time and in what capacity you have known the applicant. |

|  |  |  |
| --- | --- | --- |
| Name of Candidate | | |
| 4. Please elaborate on the applicant's performance on the basis of which you arrived at your assessment in sections 1 and 2. Use one additional sheet if necessary. | | |
| Name and Position of Referee | Department and Institution | |
| Signature of Referee | | Date |

The assessment form should be sent in advance of the competition deadline, **November 1, by 11:59 pm EST** to [christine.marquis@kidney.ca](mailto:christine.marquis@kidney.ca). Candidates need your support to ensure that the material is sent in a timely manner to complete their application package**. The KFOC will not consider late or incomplete applications**.