

**NSERC-CREATE
Complex Dynamics
Application for a Graduate Scholarship**

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Instructions for submission: Applicants please complete and submit all 5 pages of this form-fillable application to: dynamics.create@gmail.com by **March 11, 2022**. Signatures can be completed electronically or by hand.

Les candidatures peuvent être soumises en français

Family name of applicant		Given name		Initial(s) of all given names	Date (mo/dd/yyyy)
ADDRESSES. Changes to any of the information below must be sent to dynamics.create@gmail.com.					
Current address			Permanent mailing address (if different than current address)		
If current address is temporary, indicate leaving date			Telephone number at permanent mailing address		
Telephone number	Facsimile number	E-mail address (CD-Create will use this as the point of contact)			
CITIZENSHIP					
Canadian citizen		Permanent resident of Canada		Other	
				Indicate country of citizenship	
GENDER (completion optional)		DESIGNATED GROUPS (completion optional)			
Male	Female	Aboriginal	Visible minority	Disabled	
LANGUAGE CAPABILITY (completion optional)					
English	Read	Write	Speak		
French	Read	Write	Speak		
SIGNATURE					
<p>I hereby agree to participate in the CD network's research and professional development activities, and that any award made to me as a result of this application will be subject to the general conditions governing scholarships and fellowships. These conditions are outlined in the NSERC <i>Program Guide for Students and Fellows</i>, and <i>Visiting Fellowships in Canadian Government Laboratories guide</i>.</p> <div style="text-align: right; margin-top: 40px;"> <hr style="border: 0; border-top: 1px solid black; width: 300px;"/> <p>Applicant's signature</p> </div>					

Personal information collected on this form
will be kept confidential.

JAN 2022

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Supervisor must complete the bottom of this page, sign and email this page to: dynamics.create@gmail.com by **March 11, 2022**. Signatures can be completed electronically or by hand.

Family name of applicant	Given name	Initial(s) of all given names	Date (mo/dd/yyyy)
ACADEMIC BACKGROUND (include only current and past degree programs)			
Degree	Name of discipline	Department, institution and country	Month and year started
CREATE SUPERVISOR INFORMATION			
Source of funding (supervisor pledges \$1000 toward trainee's annual stipend and \$1000 toward the trainee's annual CREATE conference travel)		Grant number (proposed supervisor)	
CREATE supervisor agrees to present short tutorial at trainee workshop within year of trainee receiving funds.			
SIGNATURE			
I hereby certify that the trainee will participate in the CD-CREATE network's research and professional development activities, and will participate in a 4-month internship during the proposed period of the award. I have read the trainee's completed application form.			
_____ Signature of proposed supervisor		_____ date	

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Family name, given name and initial(s) of applicant

Proposed starting date of award	Proposed duration of award (can be 1-2 years)		
Current degree program (e.g. Bachelors, Masters, Doctorate)	Proposed complex dynamics theme of study/research		
Title of proposed research			
List ten (10) key words that describe your proposed research. Use commas to separate them.			
PROPOSED LOCATION OF TENURE			
Institution/organization	Department	Program	Proposed supervisor, with title and email address
Indicate the total number of months of graduate studies (master's and doctoral) you have completed as of December 31 of the year of application in the natural sciences and engineering.			
_____ months of full-time studies		_____ months of part-time studies	
Indicate the number of months of studies you have completed, as of December 31 of the year of application, in the program for which you are requesting funding.			
_____ months of full-time studies		_____ months of part-time studies	
Indicate if you are attending university at the time of application.			
Attending full time	Attending part time	Not attending	

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SCHOLARSHIPS AND OTHER AWARDS OFFERED (start with most recent and include NSERC, CIHR, SSHRC and provincial awards)

Name of Award	Value (CDN\$)	Level Institutional, Provincial, National, International	Type Academic, Research, Leadership, Communication	Location of tenure	Period held (yyyy/mm - yyyy/mm)

Internships: Each Graduate Award includes a required 4-month internship with an industry or health care partner (listed at www.cd-create.org). Please indicate your initial preferences below. Trainee-partner interviews will be held after awards are made, after which placements will be mutually agreed upon by trainee and partner.

Requested Start Date of Internship: _____

Choice 1: _____

Choice 2: _____

Choice 3: _____

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Please describe your research plans below, emphasizing the match to the themes of the CD-Create training program described at www.cd-create.org and fit to supervisor. The description must fit the space provided in this box.