

# CANADA HOPE Scholarship Program

## NOMINATION FORM

Name of Scholar:	
Sponsoring Institution/Organization	
Position:	
Address:	
Telephone:	
e-mail:	
Name of Mentor:	
Canadian Institution/Organization:	
Position:	

Provide a non-technical summary of your research project, written in simple and clear language suitable for a lay audience.

### **Attach to this form the following documents:**

- Letter(s) of commitment from the head and/or dean of the faculty and head of department of the sponsoring institution(s) of the Fellow.
- Letters of commitment from the Scholar and the Mentor.
- Letter of support from the head of the department of the Mentor.
- CIHR C.V. module for the Mentor and Scholar.
- CIHR Research Module from the Scholar and Mentor (description of research proposed- 7 pages)
- Three letters of reference and assessments forms for the Scholar.
- Copies of the scholar's Health professional degree or graduate research training.
- Proof of professional licensure (scholar), if applicable.

Send this completed form along with the above requested documents to:  
The CANADA HOPE Scholarship Program  
Innovations and Industry Division  
CIHR  
160 Elgin Street  
OTTAWA, Ontario  
Postal Locator 4809A  
K1A 0W9

<b>Name of Scholar</b>		
a)	<b>Dean of the Faculty/Head of the Sponsoring Institution(s)</b>	
	In addition to authorizing this application, the scholar's institution/organization must provide a letter of guaranteed commitment for the scholar. This should also include a clear-cut and definitive statement on the part of the Dean or the Head of the Institution as to his/her knowledge of the scholar, also describing the commitment of the Faculty or Institution during and after the mentoring period as well as the infrastructure support available to the scholar.(Refer to the RFA for more details)	
	Name	Signature
b)	<b>Head of the Department of the Sponsoring Institution</b>	
	The Head of the Department must submit a letter of support clearly indicating how the mentoring activity will fit into the overall research plan of the scholar's department, the ability of the scholar and the suitability of the research environment after the mentoring period. (Refer to the RFA for more details)	
	Name	Signature
<b>Commitment of the Scholar</b>		
Provide an overview describing your commitment to the proposal (maximum 4 pages). (Refer to the RFA for more details). It should include:		
a)	in detail, how the proposal will help you to realize your long-term goals as an independent researcher;	
b)	your career expectations at the completion of the training and the contribution you plan to make at the sponsoring institution/organization;	
c)	how will this relationship strengthen your collaborative efforts. Elaborate on the impact of the research area on the health of people in LMIC and a rationale for selecting of the mentor;	
d)	your ability to function in the working language of your mentor's laboratory.	
	Name	Signature
<b>Name of Mentor</b>		
<b>Commitment of the Mentor</b>		
a)	Provide an overview describing your commitment to the proposed mentoring plan, research project and the nature of your continued collaboration (maximum 3 pages). (Refer to the RFA for additional details)	
	Name	Signature

<b>Name of the Scholar and the Mentor</b>	
<b>Detailed description of the Sponsoring Institution/Organization's commitment and infrastructure.</b> (Refer to the RFA for details)	
This section should be completed by the Head or Dean of the Faculty of the sponsoring institution. (maximum 3 typed pages)	
	Describe the institutions' commitment to this program and how the eligibility requirements of the institution are to be met.
	Describe the space, facilities, infrastructure and personnel support that is available to the research centre and the scholar when he/she returns.
	Provide a letter specifying the institutions' contractual commitment to the scholar for the two years following their return from Canada.

<b>Name of the Scholar and the Mentor</b>	
<b>Detailed plan and description of the training environment.</b> (Refer to the RFA for details)	
This section should be completed by the Mentor, (maximum 3 typed pages).	
	<b>Summary of the training environment</b>
	Describe the milieu in which the scholar will be placed.
	Describe how the mentoring activity will fit into the overall research plan of the department, the ability of the mentor and the suitability of the research environment during the mentoring period.
	Describe the unique aspects of the proposed training environment.
	Describe all activities to be undertaken by the scholar (i.e. research, courses, seminars, clinical activities). Indicate the percentage of time to be spent on each activity using whatever timeframe (per week / month / year) that best describes the involvement.
	Summarize the relevant experience of the proposed mentor and how it relates to the research/training environment.

**Name of Scholar**

**APPENDICES**

**NOTE:** Referees assessment forms and reference letters must be provided in an envelope, sealed at the source and preferably included with the application.

**Scholar**

- 1. Three assessment forms- completed by the individuals who provided the letters of reference
- 2. Three letters of reference
- 3. Copy of health professional degree or graduate research training
- 4. Proof of professional licensure, if applicable
- 5. Letters of commitment from the Dean of the Faculty/Head of the Scholar's sponsoring institution/organization
- 6. Letter of support from the Head of the Department of the Scholar's sponsoring institution/organization
- 7. Letter of commitment from the scholar (maximum 4 pages)
- 8. CIHR CV module for the Scholar
- 9. CIHR Research module- (completed in collaboration with the Mentor)

**Mentor**

- 1. Letter of commitment from the Mentor
- 2. CIHR CV module for the Mentor
- 3. CIHR Research module- (completed in collaboration with the scholar)

List the names of the individuals providing letters of reference for the scholar. Scholars must ask three individuals to provide assessments on their behalf using the appropriate CIHR forms. Additional assessments will not be considered. These should include an assessment from your most recent research supervisor(s). Give the names of the individuals whose assessments accompany this application.

	Name of referees / Relationship to the Scholar	Current Position Held	Institution
1.			
2.			
3.			



Name of Scholar

**REFEREES'S ASSESSMENT OF A SCHOLAR FOR THE CANADA-HOPE SCHOLARSHIP PROGRAM**

**A**

The information provided on this form is most important to CIHR in evaluating the suitability of the scholar for the proposed mentoring program. You are therefore asked to give detailed information (both pro and con) about the scholar. The Canadian Privacy Act stipulates that, in response to a specific request by the scholar, CIHR must make available a copy of your assessment.

**Check the boxes that most nearly represent your opinion of the scholar in comparison with a representative group of individuals you have known who have had approximately the same training and research experience.**

The assessment form and the letter are to be returned, in a sealed envelope, to the scholar who in turn will enclose them as part of his / her application. Scholars need your support to ensure that the material is returned to them in a timely manner to complete their application package. CIHR will not consider late or incomplete applications.

A.	Exceptional		Excellent		Very Good	Good	Acceptable	Unable to judge
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Motivation / Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement / critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Referee and Relationship to Scholar

Signature of Referee

Date



**B. REFEEE’S LETTER OF SUPPORT FOR THE SCHOLAR**

Name of Scholar

Name of Referee	Position / Department / Institution

(To be completed by the referee) Please ensure that the name of the scholar appears at the top of the page with your signature and the date at the end. The letter should be typed in black as the material must be duplicated for the peer review process.

**AS WELL AS COMPLETING THE ASSESSMENT FORM, PLEASE PROVIDE A LETTER TO THE CIHR INDICATING THE FOLLOWING:**

- the period of time and in what capacity you have known the scholar;
- relative to others having the same training, what is your overall assessment of the scholar;
- elaborate on the scholar’s performance during research and / or clinical training. Give specific examples of behaviour to support your ratings on the assessment form. (Maximum 2 typed pages)



Canadian Institutes  
of Health Research

Instituts de recherche  
En santé du Canada

## CANADA-HOPE SCHOLARSHIP PROGRAM



Canadian Institutes  
of Health Research

Instituts de recherche  
En santé du Canada

### ACKNOWLEDGEMENT TO THE SCHOLAR

This will acknowledge receipt of the application of

Acknowledgement to be sent to:  
(Give name and a mailing address)

**Program Applied for:**

Canadian Institutes of Health Research



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

### ACKNOWLEDGEMENT TO THE MENTOR

This will acknowledge receipt of your application.

Acknowledgement to be sent to:  
(Give name and a mailing address)

**Program Applied to:**

Canadian Institutes of Health Research



## CANADA HOPE SCHOLARSHIP PROGRAM Application Checklist

Complete and forward this sheet with your application.

**NOTE:** The complete application packages must be assembled in the order listed.

**ALSO NOTE:** Please consult the How to Apply section of this RFA.

**Complete Applications** - The original application and one (1) copy should be assembled and submitted to the address indicated below.

**Name of Scholar (Principal Applicant)** \_\_\_\_\_ **Date** \_\_\_\_\_

Contents required for complete Application Package		
		Nomination Form.
		Acknowledgement Page.
		Letters of reference in support for the Scholar (in sealed envelopes).
		Referees' assessment forms for the Scholar (in sealed envelopes).
		Copies of health professional degree or graduate research training of the Scholar.
		Proof of professional licensure of the Scholar (if applicable).
		Letter(s) of commitment from Head or the Dean of the Faculty of the Scholar's sponsoring institution(s) (maximum 3 typed pages).
		Letter of support from the Head of the department of the sponsoring institution providing a detailed description of the training environment (maximum 3 typed pages).
		Letter of commitment from the Scholar (maximum 4 typed pages).
		Letter of commitment from the Mentor providing a detailed description of the training environment (maximum 3 typed pages).
<b>CIHR Modules:</b>		
		CIHR Research Module from the Scholar and Mentor (the research module copies must be signed by the scholar, mentor and the mentor's head of department).
<b>CIHR CV Module:</b>		
		All pages of the CIHR CV module are required for the Scholar and the Mentor.