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# UNIVERSITY OF ABERDEEN

**School of Medicine, Medical Science and Nutrition**

**SUMMER RESEARCH SCHOLARSHIP PROGRAMMES**

Students who intend to apply for following Summer Research Scholarship Schemes for Summer 2024 must complete and return this form by **17.00 hr. 31 January 2024**, **using** [**this email link**](mailto:smmsn-ugmed.summerresearch@abdn.ac.uk?subject=Summer%20Research%20Scholarship%20programme%202023) **using the subject heading - Summer Research Scholarship Programme 2024**. If you do not receive an acknowledgement within a few days of submitting your application, please contact [the administrator](mailto:smmsn-ugmed.summerresearch@abdn.ac.uk?subject=Summer%20Research%20Scholarship%20programme%202023) to confirm receipt. **Please save your application as a Microsoft Word document with the file name <surname>< first name> <ASRS 2024>.**

**Scheme A:** Aberdeen Summer Research Scholarship **(ASRS**) (years 1 & 2 medical/dental students). Successful students will be allocated to a suitable supervisor.

**Scheme B:** I**NSPIRE** Interdisciplinary Research Scholarship (years 1 & 2 medical/ any year dental students). Successful students will be allocated to a team of supervisors.

**Scheme C: Endowed Scholarships** (years 3 & 4 medical/any year dental students). The applicants for this scheme will also need to submit a CV as well as a supporting statement from the supervisor and short project proposal (no more than 500 words).

Specific queries can be emailed to [smmsn-ugmed.summerresearch@abdn.ac.uk](mailto:smmsn-ugmed.summerresearch@abdn.ac.uk)

Further information please visit [Undergraduate Research Scholarship Programmes](https://www.abdn.ac.uk/smmsn/acat/undergraduate/index.php) under Clinical Academic Training webpages of the School website: **https://**[**www.abdn.ac.uk/smmsn/acat/undergraduate/index.php**](http://www.abdn.ac.uk/smmsn/acat/undergraduate/index.php)

##### Please complete all fields. Only University of Aberdeen Medical/Dental students are eligible to apply.

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| Date Submitted: | |  | Office Only: |
| Student Name: | | School: Medical/Dental  Course Year: | |
| Student Telephone: | **University student email:** | | |
| Current Address: |  | | |
|  |  | | |
| **Scholarship Scheme Applied for**  **(delete as appropriate)** | **Scheme A Scheme B Scheme C** | | |
| **Question 1:** Tell us about yourself. Why did you decide to apply to this programme and how will it help your future plans? (maximum word count 150) | | | |

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| **Question 2a:**  Have you done any prior research or independent study?  *\*Prior research experience is NOT a requirement for consideration* | |  |
| **Question 3:** What are your hobbies, special interests, and work experiences? | | |
| **Question 4:** Please use this space to tell us anything else you feel we should know that might add to your application (maximum 300 words) | | |
| **Question 5:** We are committed to making these scholarships available to as many applicants as possible. If you think you might need additional support/reasonable adjustments to attend for interview and/or perform the duties of the scholarship, please give details here. |  | |
| **Question 6:** Are you a member of ASSAM (Aberdeen Student Society for Academic Medicine)  **Please provide the reason for either yes or no answer** |  | |
| **Question 7:** Are you a member of SMS (Society for Medical Statistics)  **Please provide the reason for either yes or no answer** |  | |

**IMPORTANT!**

**APPLICANTS WILL BE CALLED FOR AN INTERVIEW IF SHORTLISTED. INTERVIEWS WILL BE HELD IN FEBRUARY/MARCH 2024.**

**THANK YOU VERY MUCH FOR YOUR INTEREST IN THIS PROGRAMME. WE LOOK FORWARD TO READING YOUR APPLICATION AND LEARNING MORE ABOUT YOUR ACADEMIC GOALS. BEST OF LUCK**