

#218-2055 Commercial Dr. Vancouver, BC V5N 0C7 Canada

1-604-924-51301-800-667-1846info@mpssociety.cawww.mpssociety.ca

March 2024

Request for applications:

2024 Canadian Society for Mucopolysaccharide (MPS) & Related Diseases Inc. Summer Studentship Research Grants.

To whom it may concern,

The Canadian Society for Mucopolysaccharide & Related Diseases Inc. (The Canadian MPS Society) is once again offering a limited number of Summer Studentship Research Grants for medical students and university undergraduates. It is our hope that these opportunities may result in more individuals being attracted to research careers involving lysosomal storage disorders.

The studentships are tenable at any university centre in Canada, and there is no limit to the number of studentships tenable at any given medical centre. Successful candidates will be chosen by the Society's Medical Advisory Board's Grant Review Committee on the basis of information provided in the official application form enclosed. Successful candidates will be expected to spend at least 12 weeks working on their projects, and must submit a formal written report summarizing the results of their research when complete. Grants of \$4,000.00 will be payable directly to successful candidates: Students will receive initial payments of \$2,000.00 and will receive an additional \$2,000.00 upon research completion and report submission.

The deadline for application submission is May 3, 2024 at 5:00 pm EST.

Should you have any questions or concerns, please feel free to contact me at (604) 924-5130, 1-800-667-1846, or kimangel@mpssociety.ca.

Sincerely,

Kim Angel

Executive Director



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PRE-DOCTORAL SUMMER STUDENTSHIP GRANT APPLICATION FORM:

NAME:			SIN:		
MAILING ADDRES	S:				
TELEPHONE:		EMAIL:	EMAIL:		
DEGREES OBTAIN	NED OR IN PROGRES	SS:			
			_		
ACADEMIC TRANSCRIPTS ATTACHED (c					
RESEARCH EXPE	RIENCE:				
LOCATION OF PR	OPOSED RESEARCH	1 :			
DEPARTMENT	INSTITU	INSTITUTION SU		PERVISOR	

PLEASE ATTACH AN OUTLINE (1 PAGE MAXIMUM, EXCLUDING REFERENCES) OF YOUR RESEARCH PROGRAM PROPOSAL.



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REFERENCES:	
(NAME/ADDRESS/TELEPHONE)	
1.	
2.	
NAME & ADDRESS OF SUPERVISOR:	
SIGNATURE OF PROPOSED SUPERVISOR:	_
NAME OF HEAD OF DEPARTMENT:	
SIGNATURE OF HEAD OF DEPARTMENT:	
FACULTY:	
UNIVERSITY:	
STUDENT SIGNATURE:	DATE:

PLEASE SEND COMPLETED APPLICATIONS ELECTRONICALLY to kimangel@mpssociety.ca, OR BY HARD COPY TO:

KIM ANGEL, EXECUTIVE DIRECTOR CANADIAN MPS SOCIETY 218 - 2055 COMMERCIAL DRIVE VANCOUVER, BC V5N 0C7

ACADEMIC TRANSCRIPTS: Candidates are responsible for submitting copies of official transcripts of their academic records.

LETTER OF RECOMMENDATION: Candidates are responsible for ensuring that letters of recommendation from those individuals listed as references are forwarded with the application and are received before May 3, 2024, 5:00 pm EST deadline.

REQUIRED SIGNATURES: The applicant, the proposed supervisor, as well as the head of the department overseeing research, must sign application.

GRANT PAYMENTS: Each approved studentship grant will consist of a total of \$4000.00, payable directly to the student. The student will receive an initial payment of \$2,000.00, and will receive the remaining \$2,000.00 upon research completion and submission of a final report to the Society.