

# Application Form

Jay and Sari Sonshine Chair in  
Stroke Prevention and Cerebrovascular Brain Health – Summer Studentship Research Award

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Email: \_\_\_\_\_

Current Program: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

Research Interests: \_\_\_\_\_

Proposed Supervisor: \_\_\_\_\_

**Objectives:** Below, please indicate your academic (short-term) and career (long-term) objectives. In addition, describe how the requested position will help you achieve your objectives. Max 500 words.

**Qualifications:** Below, please highlight any qualifications and experiences relevant to the summer student position. Max 250 words

**Interests in Stroke Prevention and Brain Health:** Below, please describe any interests and background information related to Stroke Prevention and Brain Health: Max 250 words.

Signature (electronic is acceptable):

Date:

# Proposal Form

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Below, please provide short summary of the proposed project and your role (this should be developed under supervision of your summer studentship mentor).

**Title:**

**Background:**

**Methods:**

**Plan:**