



Women's Health Program  
Lillian Love Chair

### Women's Health Summer Student Application

Applications for a summer / co-op position with the *Women's Health Program at UHN* must include the following documents.

- Application form (this form)
- Proposal outline (1-2 pages), prepared with supervisor
- Letter of support from Women's Health Program Supervisor
- Two additional letters of support
- Applicant's Curriculum Vitae
- Applicant's Official Transcript

Thank you for your application.

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Email: \_\_\_\_\_

Current Program: \_\_\_\_\_  
E.g. Bachelor of Bioinformatics

Anticipated Graduation Year: \_\_\_\_\_  
Research Interests: Insert keywords of research interests (e.g. Economics, Virology, Epidemiology...) \_\_\_\_\_  
Proposed Supervisor: \_\_\_\_\_

Supervisor is in the Division of Medical Oncology and Hematology.

#### Objectives

In the space provided 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

In the space provided below, please highlight any qualifications and experiences relevant to the summer student position.

#### Interests in Women's Health

In the space provided below, please describe any interests and background information related to Women's Health Program

#### Additional Information

In the space provided below, please include any additional information you would like considered for your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Electronic signatures accepted)