

UBC Department of Chemistry Summer Undergraduate Research Scholarship Application

PERSONAL INFORMATION		
Lastname:	Firstname:	Student Number:
ACADEMIC BACKGROUND		
Degree:	Name of Discipline:	Institution:
Department:	Degree completion (yyyy/mm):	
Degree:	Name of Discipline:	Institution:
Department:	Degree completion (yyyy/mm):	
At the time of application, are you attending university: <input type="checkbox"/> full time? <input type="checkbox"/> part time?		
Have you ever held a USRA in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOLARSHIPS AND OTHER AWARDS RECEIVED (start with most recent and include USRA awards)		
Name of Award:	Location of tenure:	Period held (yyyymm – yyyymm):
Name of Award:	Location of tenure:	Period held (yyyymm – yyyymm):
Name of Award:	Location of tenure:	Period held (yyyymm – yyyymm):
OTHER INFORMATION		
Current Address:	Permanent mailing address (if different from current address):	
Telephone:		
Email address:		