|  |
| --- |
| APPLICATION FORM  MAP 2021 Summer Student Program |

MAP is recruiting Black, Indigenous, and other students of colour to join our team as summer students. Learn more about the program: [https://maphealth.ca/summer-students](https://fortiportal.unityhealth.to/proxy/191f0dc5/https/maphealth.ca/summer-students/)

**Applicants must be:**

* Interested in building research skills and exploring a career in research that aims to reduce health inequities
* Self-identified as Black, Indigenous or a person of colour
* Enrolled in a university/college undergraduate program
* Legally able to work in Canada
* Available to participate full-time (37.5 hours/week) for the full 10-week program (June 1-August 6, 2021)

**Application requirements:**

* Select up to three Summer Student Projects (from the project list at the bottom of [this page](https://maphealth.ca/summer-students/)) that particularly interest you.
* Write a Research Statement (max 250 words)
* Write a Personal Statement (max 250 words)
* Ask two people to write you letters of reference that speak to your skills, character, aptitude for a research career, or general goals. You don't need to include the letters in your application (we'll request them later)

**To apply, send an email to** [**Suzanne.Zerger@unityhealth.to**](mailto:Suzanne.Zerger@unityhealth.to) **with the following attachments:**

1. This completed application form (including all the info listed above)
2. An unofficial copy of your most recent university transcript

**If you have any questions about this application or what is being asked of you, please contact:** [Suzanne.Zerger@unityhealth.to](mailto:Suzanne.Zerger@unityhealth.to)

**STUDENT APPLICATION**

|  |
| --- |
| **PERSONAL CONTACT INFORMATION** |

NAME (First, Last):

E-MAIL ADDRESS:

TELEPHONE:

|  |
| --- |
| **DEMOGRAPHIC INFORMATION** |

**Are you a Canadian permanent resident or citizen?** (Please note: Non-Canadians are welcome to apply, but priority will be given to Canadian permanent residents or citizens in the selection process.)

🞎 Yes

🞎 No

**Please select all that apply to how you identify your race or ethnicity: Check all that apply:**

🞎 Black (e.g. African, Afro-Caribbean, African Canadian descent)

🞎 East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)

🞎 Indigenous (First Nations, Métis, Inuk/Inuit)

🞎 Latin American, Hispanic

🞎 Middle Eastern (Arab, Persian, West Asian descent - e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)

🞎 South Asian (e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)

🞎 White (European descent)

🞎 Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |
| --- |
| **PREFERENCES OF RESEARCH PROJECTS (see the full list here:** [**https://maphealth.ca/summer-students**](https://maphealth.ca/summer-students)**)** |

**Please select your #1 (first) project choice:**

**Please select your #2 (second) project choice:**

**Please select your #3 (third) project choice:**

|  |
| --- |
| **RESEARCH AND PERSONAL STATEMENTS** |

**Research Statement** (max 250 words)

*Please describe your research interests. We want to know more about the issues or topics that you are passionate about researching, and what you find interesting about them. We also want to know what research methods or skills that you would like to gain, as well as research skills or relevant experience that you already have.*

**Personal Statement** (max 250 words)

*Please tell us a little bit about yourself so we have more context for your research statement. For example, let us know why you are interested in learning more about research on health equity, and what motivated you to apply for this Summer Program.*

|  |
| --- |
| **RECOMMENDERS** |

**Please provide the names of the people who have agreed to write you a letter of recommendation.** On the last page of this application form, there is an e-mail template that you can use if you’re not sure how to approach your recommenders.

**Recommender #1**

Name (First, Last):

E-mail:

**Recommender #2**

Name (First, Last):

E-mail:

|  |
| --- |
| **REVIEW AND SELECTION PROCESS** |

Students will be invited for interviews based on the application (research statement, personal statement, transcript, and letters of recommendation). The final admission will be based on interviews and the application.

All applicants will be notified whether they have or have not been accepted to the MAP Student Program.

***Advice on requesting a letter of recommendation?***

You need to submit contact information for two people who can write letters of recommendation for you after you submit your student application. It would be best to ask your letter writers if they will write you a letter *before* you submit their contact information to us.

Below is an example of an e-mail that you can use if you’re not sure how to approach your recommender.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Dear [person’s name],

You have been an important [mentor/supervisor/leader/person/influence] in my life, and that is why I am hoping that you would write me a letter of recommendation. I am applying to a 10-week research opportunity at MAP Centre for Urban Health Solutions (St. Michael’s Hospital) called the MAP Summer Student Program (<https://maphealth.ca/summer-students>).

To apply, I need to submit the email address and name of two people who could recommend me. Would you be willing to write me a letter of recommendation? If you are willing to write me a letter of recommendation, then you will receive an email from [Suzanne.Zerger@unityhealth.to](mailto:Suzanne.Zerger@unityhealth.to) with information on how to submit your letter.

Thank you so much for considering this request.