# BCSS HDR Student Special Research Funding Request: Application Form

When completing this form, applicants must refer to the policy. Requested information must be typed in the spaces provided below. Boxes will expand as you type. Please have your application justified and countersigned by your Principal Supervisor. The signed application is to be submitted electronically in PDF format with any supporting documentation to the BCSS HDR Coordinator. The application will be included in the BCSS Research & Postgraduate Committee and the BCSS Resource Committee agendas at the earliest opportunities.

Any questions about your application should be directed firstly to the BCSS Resource Staff.

|  |  |
| --- | --- |
| **Applicant’s name** |  |
| **Student Number** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **BCSS Supervision %** |  |
| **Principal Supervisor’s name** |  |

|  |  |
| --- | --- |
| **Total funds requested** | **$** |
| Are funds being requested over more than one calendar year?  | [ ]  yes [ ]  no*(please check appropriate box by double clicking on it and marking the checked box)* |
| If yes, for what amount each year?(detailed budget to be provided below) | Year | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Thesis Title and brief summary of project** (up to 120 words):

**Projected Budget \*:**

**(\* copy and paste table for multiple year budget projections)**

|  |  |
| --- | --- |
| **Year:** |  |
| **Item***(eg. Text book)* | **Request***(eg. Text book title)* | **Justification***(eg. Essential reference text)* | **Amount****($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **$** |

**Timeline for completion of PhD:**

*Please list your study goals and the dates of anticipated achievement*

**Corroborating justification from Principal Supervisor** (up to 120 words):

**Previous Special Research Funding:**

|  |  |
| --- | --- |
| Have you received Special Research Funding from BCSS before?  | [ ]  yes [ ]  no*(please check appropriate box by double clicking on it and marking the checked box)* |
| If yes, for what amount? | $ |
| Outcome(s) of this funding *(if known)* |  |

|  |  |
| --- | --- |
| Have you received a HDR Student Internal Research Grant from BCSS?  | [ ]  yes [ ]  no*(please check appropriate box by double clicking on it and marking the checked box)* |
| If yes, for what amount? | $ |
| Outcome(s) of this funding*(if known)* |  |

|  |  |
| --- | --- |
| Have you received any other funding from another sources? This includes funds from Supervisor’s grants. | [ ]  yes [ ]  no*(please check appropriate box by double clicking on it and marking the checked box)* |
| If yes, for what amount? | $ |
| Outcome(s) of this funding*(if known)* |  |

**Certification by applicant:**

I certify that all the details on this form are true and correct:

Applicant’s signature:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supported by Principal Supervisor:**

I support the above application:

Supervisor’s name:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_