



2009/10
Dr. Peter N. McCracken Legacy
Scholarship



DESCRIPTION OF AWARD:

The Dr. Peter N. McCracken Legacy Scholarship is made possible by donations in recognition of Dr. McCracken's many contributions to geriatric medicine and to the mentorship of students. The purpose of the scholarship is to provide granting opportunities to enable students to participate in research activities.

VALUE AND DURATION:

One scholarship of \$1,000 will be awarded annually.

ELIGIBILITY:

The applicant is registered in a graduate (Masters, PhD, and MD) program (course based or thesis based) at the University of Alberta with a focus on geriatrics/gerontology. Disciplines include, but are not limited to medicine, nursing, pharmacy, and psychology and rehabilitation medicine.

At the end of one year, the successful grant recipient will submit a one-page summary of their project to the selection committee.

The applicant may not hold this scholarship more than once.

SELECTION PROCESS:

Selection of the recipient will be made by a committee appointed by the Director, Specialized Geriatrics. Selection will be based on academic merit, as indicated by grades and indices of professional development, research plans and commitment to the field of geriatrics/gerontology.

APPLICATION DEADLINE:

Completed applications must be received by **4 P.M. NOVEMBER 20, 2009** (*late applications will not be accepted*) to:

Dr. Peter N. McCracken Legacy Scholarship
Glenrose Rehabilitation Hospital Foundation
10230 – 111 Avenue
Edmonton, AB T5G 0B7

APPLICATION PROCEDURE:

A complete application will consist of three parts:

1. Completed application form
2. A brief statement of future plans for pursuing a career in the field of geriatrics/gerontology (**1 page maximum**)
3. A description of research project and anticipated completion date (**1 page maximum**)
4. One copy of the applicant's curriculum vitae.
5. One set of official university transcripts.
6. A brief letter of support from an individual (not related and normally this would be the student's academic supervisor), who can comment on the applicant's research capacity and interest in the field (**maximum of 1 page**).

The application form is available at:

<http://www.capitalhealth.ca/HospitalsandHealthFacilities/Hospitals/GlenroseRehabilitationHospital/default.htm>



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Please Print or Type

Last Name: _____

First Name: _____ Initial: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Faculty: _____ Department: _____

Program: _____ Year in Program: _____

Supervisor (if applicable): _____

Applicant Signature: _____ **Date:** _____

Please attach the following, using 12 pt. font, 1-inch margins, and single spacing:

1. Completed application form
2. A brief statement of future plans for pursuing a career in the field of geriatrics/gerontology (**1 page maximum**)
3. A description of research project and anticipated completion date (**1 page maximum**)
4. One copy of the applicant's curriculum vitae.
5. One set of official university transcripts.
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**Office Use Only**

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Complete: Part 1  Part 2  Part 3  Part 4  Part 5  Part 6