

UNIVERSITY OF SASKATCHEWAN College of Medicine medicine.usask.ca

## Health Sciences Graduate Scholarship (HSGS) Application Form

Application Deadline: 4:00 PM May 30, 2025 (emailed to ovdr.grad@usask.ca)

| As the HSGS is student funding, it is the expectation that the application be written primarily by the student with support from the supervisor. |               |        |             |                 |            |  |  |
|--|---------------|--------|-------------|-----------------|------------|--|--|
| Applicant Details Project Title:   |               |        |             |                 |            |  |  |
| Project Title:   |               |        |             |                 |            |  |  |
| Student Applicant:   |               |        |             |                 |            |  |  |
| Student Number:  |               |        |             |                 |            |  |  |
| Program Start Date:  |               |        |             |                 |            |  |  |
| Email:   |               |        |             |                 |            |  |  |
| Do you identify as an<br>Indigenous person?  | Yes           |        |             | No              |            |  |  |
| Award applying for:  | MSc           |        | MSc-PhD     | hD Transfer PhD |            |  |  |
| Supervisor's Name:   |               |        |             |                 |            |  |  |
| Department:  |               |        |             | NSID:           |            |  |  |
| Co-Supervisor(s) Name with NSID:   |               |        | Department: |                 |            |  |  |
|  |               |        |             |                 |            |  |  |
| Agreement Acknowledged by Student  |               |        |             |                 |            |  |  |
| If you are unable to use an e-signature, please print and sign and then submit   |               |        |             |                 |            |  |  |
| scanned copy of the page attached as a single PDF.   |               |        |             |                 |            |  |  |
| Application  | ns will not b | oe cor | nsidered if | this page is    | missing or |  |  |
| Applications will not be considered if this page is missing or<br>incomplete.  |               |        |             |                 |            |  |  |
| Lunderstand by g   |               |        |             |                 |            |  |  |
| I understand by submitting a completed copy of this application I have agreed  |               |        |             |                 |            |  |  |
| to the above terms, as well as any terms and conditions outlined in the  |               |        |             |                 |            |  |  |
| guidelines.  |               |        |             |                 |            |  |  |
| Student Signature  | :             |        |             |                 |            |  |  |
| Date:  |               |        |             |                 |            |  |  |

| FOR COMGRAD APPLICANT TRANSFERS ONLY   |     |    |  |  |  |
|--|-----|----|--|--|--|
| Did you apply for the 2025 CoMGRAD competition?  | Yes | No |  |  |  |
| Have you completed any courses since the 2025 CoMGRAD competition?                                 | Yes | No |  |  |  |
| Is the matching commitment made by your supervisor in the 2025<br>CoMGRAD competition still valid? | Yes | No |  |  |  |