

Charles Allan Thompson Award in Engineering and Applied Science Application Form for an Undergraduate Student Research Award

Part I. Personal Data

| VALUE OF AWARD: \$6,0 | | | | | | |
|--|--------------------------------|--|--|--|--|--|
| Family Name of Student: | Given name: | Initials of all given names: | Student no. | | | |
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| | O (including ongoing postsecon | | | | | |
| Degree | Institution | Program | Year and month of expected degree completion | | | |
| Bachelor of Applied Science (engineering) | Queen's University | CHEEGEOECIVLMECHELECMINEENPHMTHE | | | | |
| At the time of application are you attending Queen's Full time? Part time? | | | | | | |
| How many academic terms will you have completed towards your degree program when this award is held? | | | | | | |
| SCHOLARSHIPS AND OTHER AWARDS RECEIVED (start with the most recent and include NSERC awards.) | | | | | | |
| Name of Award | Location of Tenure | Period hel | riod held (yyyymm-yyyy/mm) | | | |
| | | | | | | |
| OTHER INFORMATION | | | | | | |
| Citizenship: | | | | | | |
| Current Address: | | Permanent mailing address: (if different from current address) | | | | |
| If current address is temporary, indicate leaving date | | Telephone number at permanent address: | | | | |
| Telephone number at current address: | | Email address: | | | | |
| Queen's University is governed by the Ontario * <i>Freedom of Information, Protection and Privacy Act,</i> (The Act). The Act provides the public a right of access to University records subject to limited exemptions, and provides informational privacyrights to individuals about whom the university collects, maintains, and uses personal information. | | | | | | |
| I consent | I do <u>NOT</u> consent | | | | | |
| to the release of personal information contained in this application to the donor(s) of this award for publicity purposes with the exception of | | | | | | |
| SIGNATURE | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of Student | | Date | | | | |



CHARLES ALLAN THOMPSON AWARD IN ENGINEERING AND APPLIED SCIENCE Application Form for an Undergraduate Student Research Award Part II: Proposed Location of Tenure and Research Project

The proposed supervisor must complete this application. In accordance with the *Privacy Act*, this information will be accessible to the student. **Read the Award Terms before you complete the application.**

| Proposed salary supplement from researcher \$ | | | | |
|---|---|----------------------------------|----------|------------------------------------|
| Family name of student | Given name | Initial(s) of all given names | | Proposed starting date of award |
| Department | Telephone | | | |
| | Email | | | |
| Name and title of proposed supervisor | | | | |
| | | | | |
| PROPOSED RESEARCH PROJECT | | | | |
| Title of proposed research project | | | Research | subject code |
| Outline of proposed research project - Specify student's role | | | | |
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| FOR UNIVERSITY APPLICANT | | | | |
| Grant applicant no. (Proposed Supervisor) | Personal identification no. (PIN) (proposed supervisor) | | | |
| OTHED INFORMATION | | | | |
| OTHER INFORMATION Citizenship | | | | |
| Current Address | Democratica | -:1: (:f | 1:66 | ····· |
| Current Address | Permanent mailing address (if different from current address) | | | |
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| | | | | |
| SIGNATURE | | | | |
| | | | | |
| Signature of Proposed Supervisor Date | Signature of | Department Head | | Date |