

## 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				
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)			
SIGNATURE				
Signature of Proposed Supervisor Date	Signature of	Department Head		Date