**Crossing Borders   
Incoming Commonwealth Scholars Program**

2017–2018 APPLICATION FORM

**HOW TO APPLY**

Read the following information before starting your application:

**STEP 1: ARE YOU ELIGIBLE?**

Participants in CAPI’s Crossing Borders Incoming Commonwealth Scholars Program need to meet basic eligibility requirements. Check our Eligibility Requirements before proceeding to Step 2.

**STEP 2: FILLING OUT THE APPLICATION FORM**

Complete the attached Application Form.

**STEP 3: COMPLETING THE APPLICATION PACKAGE**

Your complete application package must include **ALL** of the following elements. Please create one PDF document and save the required information in the following order:

1. A completed Application Form (typed)
2. An up-to-date resume (no more than 2 pages)
3. A copy of your University-level transcripts (an unofficial, scanned or photocopied copy is acceptable).

Once you have compiled ALL of the documents above, proceed to Step 4.

**STEP 4: SUBMITTING THE APPLICATION PACKAGE**

***Complete application packages MUST BE submitted by email to CAPI at*** [***rfila@uvic.ca***](mailto:rfila@uvic.ca) ***and*** [***interns@uvic.ca***](mailto:interns@uvic.ca) ***by 4 April 2017 at 4 pm PST. Late and/or incomplete applications will not be accepted.***

**Important:** Applications should contain CAPI CB and your name in the subject line (i.e. “CAPI CB – FirstName LastName – Application”).

We thank everyone for their applications and their interest in our Crossing Borders Incoming Commonwealth Scholars Program. Only candidates selected for an interview will be contacted. Shortlisted candidates will be contacted to schedule an in-person or Skype interview in May 2017.

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| **SECTION ONE – General Information** | | | | | |
| **First Name** |  |  | **Last Name** | |  |
| **Address** |  | | | | |
| **City** |  |  | **Province** | |  |
| **Postal Code** |  |  | **Country** | |  |
| **Phone** |  |  | **Email** | |  |
| **Date of Birth** |  |  |  | |  |
| **Have you applied for Canadian citizenship or permanent residency?** | | | | Yes  No | |

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| **SECTION TWO – Educational Information** | | | | | | |
| **UVic Student V#** | (If available) | |  | **Faculty or department** |  | |
| **Program** |  | |  | **Current year of study** |  | |
| **Are you currently a full-time student?** | | Yes  No |  |  | |  |

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| **SECTION THREE – Health and Safety** |
| The health and safety of our program participants is very important to us. Do you have any health and/or safety considerations we should be aware? This information is confidential and used so that we may properly ensure your safety and security while you are at the University of Victoria.  *(Examples of information that you may want to touch on include medical conditions, prescription medication(s), physical fitness, allergies, dietary restrictions for vegetarians/vegans, religious considerations, intolerances, etc.)* |
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| **SECTION FOUR – Personal, Academic and Professional Background** |
| a. Describe how the research you will be conducting fits with [**CAPI’s QES Crossing Borders objectives**](http://www.uvic.ca/research/centres/capi/intern-scholar/home/internships/cb-internships/index.php). What role do you play/how are you engaged in your community? How will this research impact your community? (300 words) |
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| b. Where do you see yourself professionally in ten years? How will the CAPI-QES Incoming Commonwealth Scholarship Program help you to achieve this/these goal(s)? (200 words) |
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| **SECTION FIVE – Statement of Intent** |
| Why do you think you would be a good candidate? Please explain how you plan to connect and engage with community in Canada and your home country. (200 words) |
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| **SECTION SIX – References** | | | | |
| **REFERENCE ONE: UVic Supervisor** | | | | |
| **Full Name** |  |  | **Title** |  |
| **Organization** |  | | | |
| **Phone** |  |  | **Email** |  |
| How long and in what capacity have you know this reference? | | | | |
|  | | | | |
| **REFERENCE TWO** | | | | |
| **Full Name** |  |  | **Title** |  |
| **Organization** |  | | | |
| **Phone** |  |  | **Email** |  |
| How long and in what capacity have you know this reference? | | | | |
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