APPLICATION FORM

The McMaster Institute for Research on Aging

**MIRA Graduate Scholarship Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Email: |  | | |
| Alternate email:  *(if applicable)* | |  | | | Tel.: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current or most recent institution: | |  | | |
| Current or most recent degree program: | |  | | |
| Start date: | (mm/yy) | Completion date (or anticipated): | (mm/yy) |

|  |  |  |
| --- | --- | --- |
| Degree program entering in September 2025/26 academic year: | | |
| PhD | Year 1  Year 2 | Are you transferring from Master’s to PhD? Yes  No |
| Master’s (Master’s applicants are only eligible if entering year one) | | |
| Title of proposed research project: | | |
|  | | |
|  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal supervisor** | | | | | | |
| Name: |  | | Email: |  | | |
| Faculty & department: | |  | | | Telephone: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed mentor** | | | | | | |
| Name: |  | | Email: |  | | |
| Faculty & department: | |  | | | Telephone: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Confidential referee** | | | | | |
| Name: |  | | | Email: |  |
| Telephone: | |  |  | | |

|  |  |
| --- | --- |
| **Application checklist** | |
| Submit all materials in a single PDF using the naming convention “LASTNAME.FIRSTNAME.Schol.Appl.2025”with application elements in the following order: | |
|  | Application Form |
|  | Applicant’s cover letter |
|  | Research proposal (maximum four pages) |
|  | References |
|  | Letter from proposed supervisor |
|  | Letter from proposed mentor |
|  | Applicant’s curriculum vitae |
| **Additional requirements** | |
| **Confidential** letter of support emailed directly to [mirafund@mcmaster.ca](mailto:mirafund@mcmaster.ca) with the applicant’s name in the subject line. | |

|  |  |  |
| --- | --- | --- |
| Signature of Applicant |  |  |
|  |  | |
| Signature of Supervisor |  |  |
|  |  | |

For further information, please contact [mirafund@mcmaster.ca](mailto:mirafund@mcmaster.ca)