APPLICATION FORM

The McMaster Institute for Research on Aging

**MIRA Graduate Scholarship Program**

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

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

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

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

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

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| **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 with the applicant’s name in the subject line.  |

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| Signature of Applicant |  |  |
|  |  |
| Signature of Supervisor |  |  |
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For further information, please contact mirafund@mcmaster.ca