**ALBERTA GAMBLING RESEARCH INSTITUTE   
SCHOLARSHIP APPLICATION FORM FOR CURRENT SCHOLARSHIP RECIPIENTS**  
  
2500 University Dr NW, Calgary, AB T2N 1N4  
Phone: 403-220-3062 email: [agri@ucalgary.ca](mailto:agri@ucalgary.ca)  
  
**DEADLINE FOR RECEIPT OF ALL FALL 2025/WINTER 2026 SCHOLARSHIP APPLICATIONS:**

**Monday, May 12 2025, by 4:00 pm (MDT)**

**SECTION 1: PERSONAL DATA (for AGRI use only)**

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| **NAME:** [Lastname, Firstname, Initials]  Click here to enter text. |
| **BIRTHDATE:** [Year / Month /Day]  Click here to enter text. |
| **GENDER:**  Choose an item. |
| **CITIZENSHIP:**  Click here to enter text. |
| **IMMIGRATION STATUS IN CANADA:**  Choose an item. |
| **CANADIAN SOCIAL INSURANCE NUMBER:**  Click here to enter text. |
| **COMPLETE MAILING ADDRESS:**  Click here to enter text. |
| **TELEPHONE:**  Click here to enter text. |
| **FAX:**  Click here to enter text. |
| **E-MAIL:**  Click here to enter text. |

**SECTION 2: SIGNATURES**

The undersigned agree to, and accept, the general conditions governing any award made pursuant to the sponsorship of this application as set out in AGRI Scholarship Guidelines.

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| **SINGNATURE OF:** | **PRINTED NAME:** | **DATE:** |
| [Candidate] |  |  |
| [Proposed Supervisor/Co-Supervisor] |  |  |

**A. APPLICANT NAME**

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| **NAME:** [Lastname, Firstname, Initials]  Click here to enter text. |

**B. LOCATION OF PROPOSED RESEARCH TRAINING**

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| **PROPOSED SUPERVISOR:** [Lastname, Firstname, Initials]  Click here to enter text. |
| **COMPLETE MAILING ADDRESS:**  Click here to enter text. |
| **TELEPHONE:**  Click here to enter text. |
| **FAX:**  Click here to enter text. |
| **E-MAIL:**  Click here to enter text. |

**C. PROGRAM**

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| 1. Indicate the graduate program and department in which you will register or are currently registered:   **PROGRAM:**  Master’s  Ph.D.   **DEPARTMENT:** Click here to enter text.  2. Anticipated start and completion dates of program:  Start Date: Click here to enter a date. Completion Date: Click here to enter a date.    3. Proposed starting date for award: Click here to enter a date. |

**D. OTHER INFORMATION**

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| 1. Category of scholarship applied for (check one): (See Guidelines to determine appropriate category)     Master’s  Ph.D.   2. Does your project involve: Use of Animals  YES  NO  Human Subjects  YES  NO  Biohazards  YES  NO  Other Authorizations  YES  NO  (e.g., Data Access)  3. Have you applied, or intend to apply, to another granting agency for a similar award?    YES  NO  If yes, please identify agency: Click here to enter text.  If yes, please indicate amount: Click here to enter text. |

**A1 – ACADEMIC RECORD  
Section A: To be completed by applicant**

**CANDIDATE’S CURRENT AND COMPLETED UNIVERSITY PROGRAMS**  
Append your current university transcript to this application.

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| --- | --- | --- | --- |
| **Degree/Diploma/ Specialization/Faculty** | **Institute Partner University** | **Dates of Enrollment  FROM (MM/YYYY) TO (MM/YYYY)** | |
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**UNIVERSITY ACADEMIC ACHIEVEMENTS IN PAST YEAR**  
(Prizes, Honors, Awards) (Use additional pages if necessary)

|  |  |  |
| --- | --- | --- |
| **Prizes/Honors/Awards** | **Awarded By** | **Year Won/Held** |
|  |  |  |
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**A2 – RESEARCH EXPERIENCE IN PAST YEAR**

**CANDIDATE’S PUBLICATIONS/CONFERENCE PRESENTATIONS**Provide a list of your publications (or accepted for publication); conference presentations; abstracts. Use additional page, if needed.

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| Click here to enter text. |

**A3 – AGRI STAKEHOLDER PRIORITY AREA**

Indicate the AGRI stakeholder priority(ies) your project falls under:

Public policy and responsible gambling strategy    
Indigenous/First Nations gambling including impact of trauma    
Longitudinal research    
Internet/remote gambling    
Treatment including the effect of stigma    
Socio-economic/Economics    
  
**B1 – TRAINEE RESEARCH PROGRESS OVER PAST YEAR  
Section B: To be completed by supervisor(s)**

Describe the trainee’s research progress over the past year. Please also identify relevant changes or updates from initial proposal. **(Maximum 150 words.)**

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| Click here to enter text. |

**B2 – KNOWLEDGE TRANSLATION / EXCHANGE**Provide a **title and description** of your project and progress to date. For use on Institute web site and/or newsletter.

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| Click here to enter text. |

**Application Submission Requirements:**

1. Completed Institute Scholarship Application Form for Current Scholarship Recipients
2. CV
3. University application status with available supporting documentation
4. Current official transcript (issued after Jan 1, 2024; appended to application form)
5. Identification of academic supervisor(s) (permanent or interim)
6. Two confidential letters of academic reference with one from current research supervisor (**sent directly by the referees to** [**gfwong@ucalgary.ca**](mailto:gfwong@ucalgary.ca))
7. Information on other scholarships in process or to be awarded for the same academic terms

EMAILED APPLICATION FORMS ARE NOT RECEIVED AS COMPLETE UNTIL ALL ACCOMPANYING DOCUMENTS ARE SENT DIRECTLY TO THE INSTITUTE AS PER GUIDELINE INSTRUCTIONS (e.g. official transcripts, signed reference letters sent directly by referees, any other supporting documents).