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| **SSRA**  **Kathleen Lynn Summer Student Scholarship in the History of Medicine/Humanities in Medicine**  **Application Form** | |
| **This Form is used for SSRA students who wish to enter their SSRA project to be considered for the Kathleen Lynn Summer Student Scholarship in the History of Medicine/Humanities in Medicine** | |
| **Please note:** The selection of the successful student/project for this award is based on an interview process where shortlisted students each present their research proposal and a 3 minute question and answer session to a panel of UCD academics and clinicians.  *This Form, when complete, should be emailed to ssra@ucd.ie* | |
| **Student Details** | |
| **Name:** |  |
| **Student Number:** |  |
| **Student Email:** |  |
| **Degree Course:** |  |
| **Current Year of Study:** |  |
| **SSRA Supervisor Name:** |  |
| **SSRA Project Title:** |  |
| **Research Area (***Broadly, to what research area is your application most aligned eg: Cardiology Research, Endocrinology, Diabetes, and Metabolism Research, Gastroenterology and Hepatology Research, General Internal Medicine and Clinical Innovation Research, Geriatric Medicine and Palliative Care Research, Hematology and Medical Oncology Research etc.)* | |
| **Lay Summary of Project (for a non-expert audience) 250 words** | |
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| **Research Summary (for a scientific audience) 250 words** | |
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| **Additional information (Optional)** | |
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