



# Student Proposal

## Mino Bimaadiziwin Partnership

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### STUDENT INFORMATION

Name:

Phone Number:

Email:

Institution:

Department/School:

Credential: *Certificate Bachelor's Master's Doctorate Other*

Supervisor:

Phone Number:

Email:

### PROPOSED RESEARCH DESCRIPTION



## PROPOSED PROJECT OBJECTIVES

## PROPOSED BUDGET

Please fill out the Budget below (add rows as required). For funds being sought from the SSHRC Grant, write “SSHRC Grant” as Source.

Item	Amount	Source	Rationale
Stipend		Home Institution	
Stipend		SSHRC Grant	
Travel to/from/in Island Lake communities*			
Materials or honorariums			
Conference and other travel		Home Institution	

\*Can be covered by grant and you are encouraged to apply for Northern Scientific Training program

**Total amount being requested from SSHRC Grant:**

**Will you be applying for Northern Scientific Training program?**

<http://www.polarcom.gc.ca/eng/content/northern-scientific-training-program>

Yes No

## SIGNATURES

To the best of my knowledge, all of the information in this proposal is accurate.

I have reviewed this proposal and support its submission to the Project.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

