**Application Form: Scholarship Competition - Entrepreneurship in Oncology and Life Science (CEO)**

SECTION 1 – APPLICANT INFORMATION

Participant’s identification, coordinates, current status and university education (max. 5).

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth | Click or tap to enter a date. |
| Citizenship status in Canada | Choose an item. |
| Specify your citizenship |  |
| Language skills | English, written French, written  English, spoken French, spoken |

|  |  |
| --- | --- |
| Number |  |
| Street |  |
| Apt. |  |
| City |  |
| Country |  |
| Postal code |  |
| Email |  |
| Telephone |  |
| Current status | Choose an item. |
| Institution |  |
| Start date | Click or tap to enter a date. |
| Scheduled completion date | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| Academic background/career path | University/Organisation | Period |
|  |  | Date |
|  |  | Date |
|  |  | Date |
|  |  | Date |
|  |  | Date |

ATTESTATION

I certify that to the best of my knowledge that the information provided in this document is accurate.

I certify that I am sufficiently proficient in French and in English to listen to and understand presentations as well as read and comprehend written material in both languages.

At the time of submission of this application, I had read and understood the details of the [Life Sciences Entrepreneurship Development Program](https://www.concordia.ca/jmsb/executive-education/expertise/health-management/life-sciences-entrepreneurship-development.html)

I intend to take part in the whole program. I have made sure to be available on the dates that have been set and, when relevant, I informed my superior(s) of those plans.

I commit to attending all training sessions and I understand that my presence and my participation are mandatory in order to obtain the Program’s Certificate of Studies.

I agree to provide IRICoR with my assessment of the program and of the competition when and how they deem appropriate (e.g. meeting, report, form, etc.).

I authorize IRICoR to keep and to use my file’s confidential information provided, that anyone working at IRICoR with access to personal information keep it confidential.

SECTION 2 – RESEARCH EXPERIENCE

Please describe your present research project or your professional career. (100 words)

Using 5 key words, please identify your research interests.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Please provide the most significant academic distinction that you have received (e.g. scholarship, grant, award). (100 words)

Please describe the most significant oral presentation that you have given. (100 words)

SECTION 3 – MOTIVATION

Please elaborate on what motivates you to enroll and your expectations with respect to the program in the context of your career path (500 words).

SECTION 4 – ENTREPRENEURIAL EXPERIENCE

|  |  |
| --- | --- |
| Do you have a concrete project on which you are already working on? | Yes, please complete section 4.a  ☐ No, please complete section 4.b |

4.a – Proposed project

The objectives of the [Life Sciences Entrepreneurship Development Program](https://www.concordia.ca/jmsb/executive-education/expertise/health-management/life-sciences-entrepreneurship-development.html) are to enable you to learn high-level management methods, providing you with strategies for the development and growth of innovative businesses.

The objective of section 4.A is to identify the projects with the most potential to apply the concepts of this training program. By completing section 4.A, your project could be selected and you could have the opportunity to work with a team dedicated to your project. You will then be able to give a real advance to your project.

The project that would have the opportunity to be selected must meet the following criteria:

* The project shall be innovative
* The project shall involve an initiative in the field of biotechnologies (drug, therapies, etc.), medical technologies (device, detection, virtual recommendation tool for clinicians, big data, etc.) or health information/communication technologies (interactions between health professionals, population outreach, etc.)

**Proposed Project**

|  |  |
| --- | --- |
| Project Name |  |
| What is the need of the identified market and how does the project responds to it?  (200 words) |  |
| What are the topics on which you would like to focus the activity of the team (deepen the market analysis, marketing, regulation, leadership etc.)?  (max 100 words) |  |
| How long have you been working on the project? How many hours are you currently working on it?  (max 50 words) |  |
| Key Deliverables: What is your vision for this project (at the end of the year)  (max 100 words) |  |
| Have you already received support (financial, in-kind etc.) to advance this project? If yes please describe (max 50 words) |  |

4.b – Previous entrepreneurial experience

Please demonstrate the importance of entrepreneurship along your career path. To do this, please describe a situation (e.g. training, internship, job, networking activity, involvement in an innovative project, creation of a business, etc.) that illustrates your sense of entrepreneurship.

Specify how you have demonstrated:   
1. Motivation (e.g. leadership, coordination, mobilization of resources, perseverance, etc.);  
2. Entrepreneurial skills (e.g. determination, adaptability, charisma, etc.);  
3. An entrepreneurial attitude (e.g. geared toward action and results, sense of innovation, etc.). (500 words)

**FILLING OUT AND SENDING THE FORM**

* Make sure to download and save the document onto your computer in order to fill it out.
* Please title the document as follows: *Last name\_application\_form\_CEO,* then send it to <clara.scattolin@umontreal.ca>, by **November 23th, 2020**, 5:00pm.
* The document must be sent in .pdf format.