

**Des and Angela Clarke Summer Studentship**

 **Application Form**

**Notes:**

* Completed applications must be submitted either electronically or hard copy to:

School of Pharmacy

School Manager

MBC, 97 Lisburn Road

Belfast, BT9 7BL

pharmacyinfo@qub.ac.ik

* Closing date for applications is 5pm on Monday 12 June 2017
* Applicants should also attach a *Curriculum Vitae*
* Applications must be signed by the student
* Eligibility criteria: Level 2 or 3 students currently enrolled on an undergraduate programme in the School of Pharmacy.

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| **Student Name** |  |
| **School and UG degree programme** |  |
| **Student Number** |  |
| **Student email** |  |
| **Date degree course commenced** |  |
| **Student signature** |  |
| **Date** |  |

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| **Personal Statement (total word count maximum 500 words)** |
| 1. Outline why you would like to be considered for the Des Clarke Scholarship
2. Outline your career aspirations
3. Outline your research experience to date
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