

**Student and Emerging Evaluator *advancing* Knowledge (SEEK) Award Application**

This application should be filled out in full prior to submission. Incomplete or late applications will be determined ineligible. Any personal information collected through this application is for SEEK award program scholarship program purposes only and will not be shared with anyone other than the SEEK adjudication committee, and the CESEF and CES National Boards of Directors. Aggregate information will be used for the purposes of evaluating the SEEK Program.

Please submit your complete application to:

Emily Brennan, CE

SEEK Award Chair, CESEF

**seek@cesef.ca**

|  Personal Information- Primary authorThis information is for administrative purposes only and will only be shared with select CESEF Board members and the selection committee for the purpose of carrying out relevant functions of the SEEK program.  |
| --- |
| Family Name |   |
| Given Name(s) |   |
| Initials |   |
| Title |   |
| Date of Birth (yyyy/mm/dd) **optional** |   |
| Correspondence Language | □ English □ French |
| Permanent Mailing Address |   |
| City |   |
| Province/Territory |   |
| Postal Code |   |
| Primary Phone Number for contact | ( ) - ext. |
| Secondary Phone Number for contact | ( ) - ext. |
| Primary email address for contact |   |

|  Personal Information- additional authors (co-authored papers only)Please insert additional copies of this table as required for each additional author. |
| --- |
| Family Name |   |
| Given Name(s) |   |
| Initials |   |
| Title |   |

| Employment Information (all applicants)Please provide a table and CV per co-author, as applicable. |
| --- |
| As an attachment to your application, please include a maximum 2-page CV of your previous employment in program evaluation and research. For each position, please include the organization and/or supervisor name, location, how long you held the position, and a brief description of the work you completed.  |
| Are you currently or have ever been employed in the field of evaluation? | □ Yes □ No |
| How long have you worked in the field of evaluation? | □ less than 1 year □ 1 year □ 2 years□ 3 years □ 4 years □ 5 years □ more than 5 years □ Not applicable |

| Chosen Degree Information (student applicants only)Please provide one table per co-author, as applicable |
| --- |
| Name of author (required for co-authored papers) |  |
| Name of degree sought |   |
| Name of institution |   |

| Paper information |
| --- |
| Paper title |  |
| Abstract (100 words maximum) |  |
| Description of the contribution of the paper to the practice of evaluation (100 words maximum) |  |

| Declaration |
| --- |
| I affirm that this application and the attached documents are accurate and complete and that should some of the information not be included in this application, my application may be refused. I will notify the CESEF of any contact information changes, as applicable. I agree to comply with the terms and conditions set out in the SEEK award description; the instructions provided with this application form; and any conditions applicable to an award pursuant to this application. I understand that CESEF reserves the right to: determine the eligibility of applications based on the information provided herein, and interpret the program regulations set out in its published materials. I understand that the award is subject to available funding within CESEF and CES. I understand that in order to follow the evaluation process that CESEF is undertaking, this application will be shared (in whole or in part) with other CESEF or CES National Board Members members and/or the SEEK adjudication Committee for assessment purposes.I understand that any personal information collected through this application is for the SEEK program purposes only and will not be shared with anyone other than the CESEF Board Members, CES Board Members, or members of the SEEK adjudication committee; and that aggregate information will be used for the purposes of evaluating the CESEF Graduate Scholarship Program. |
| **Signature:** |   |
| **Printed name:** |   |
| **Date application signed:** |   |