

Scholarship for Medical Students

Application Form

A complete application should include the following:

- The attached application form, all details completed and signed on the final page
- A 500 word essay on why you want to practice medicine in Barrie
- University Transcripts
- A current Resume/CV including references

Please mail, email or drop off all application forms to:

Christie Cadotte Physician Recruitment Coordinator c/o Royal Victoria Hospital 201 Georgian Dr Barrie, ON L4M 6M2 Attention: Medical Student Scholarship	Patrick Brown Member of Parliament – Barrie. 299 Lakeshore Dr, Suite 302 Barrie, ON L4N 7Y9 Attention: Medical Student Scholarship
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The deadline for applications is March 15, 2008. In the Medical Student category, you must be entering medical school, or have received notice of acceptance. Winners will be announced in early April 2008.

Students will be awarded accordingly:

- International Medical Graduate - \$1500 (two awards given)
- Family Medicine Resident - \$3000
- Medical Student - \$3000
- General Category (Open) - \$3000

PERSONAL INFORMATION

LAST NAME _____ FIRST _____

MIDDLE _____

Mailing Address _____

City _____ Province _____

Postal Code _____

Telephone _____ Email _____

EDUCATION RECORD: In order for your application to be considered, you must have graduated from a local area high school for the Medical Student category.

School Name:	City/Province	Years Attended	Graduation Date

POSTSECONDARY INSTITUTIONS YOU ARE/HAVE ATTENDED, IN ORDER:

Institution	Location	Program Name

ACTIVITY RECORD:

COMMUNITY

Volunteer work, group memberships, etc. Please include dates of involvement

LEADERSHIP ACTIVITIES

In your High School, University and community. Please include dates of involvement

EMPLOYMENT/CO-OP EDUCATION

List the jobs you have held, including dates of employment (include FULL details on attached CV please).

HOBBIES/INTERESTS

References

List three references who can confirm your employment record and/or postsecondary intentions and activity record.

Name	Relationship	Phone Number
1.		
2.		
3.		

Conclusion

I hereby declare that all of the included application information is complete and correct. I agree, if selected for a scholarship, to cooperate in the marketing and publicity of the program.

Signature: _____

Date: _____

