Last:	First:	Middle:		
Gender:				
O Female O Male C	Other .			
Date of Birth (mm/dd/yy):	Place of Birth	: Citizenship/Permanent Resident		
Mailing Address/Street:				
City:	City:	Province: Postal Code:		
Primary Phone:	Cell Phone:	Email:		
Language(s) spoken at home:_				
Family Demographics (Appli	es Only for Bursary Ap	plicants)		
Parent/Guardian 1:		Parent/ Guardian 2:		
Relationship:		Relationship:		
Full Name:		Full Name:		
Occupation:		Occupation:		
Full Address:		Full Address:		
Phone:		Phone:		
Annual Gross Income:				
Aminut Gross meome.		Tamada Gross Meome:		
Siblings/Family dependents*:	(Applies Only for Bursa	ry Applicants)		
Sibling 1:		Sibling 2:		
Relationship:		Relationship:		

Full Name:			Full Name:		·	
DOB:						
Full Address:			Full Address:			
Phone:			Phone:			
* if more than 2 siblings/dependents, a	ttach on separate s	heet				
Education Record – list all secondary	schools/universitie	es atteno	led, starting from the r	nost recent		
School Name		City C	Country	Years Attended	Graduation Date	
School Name		City, C	Country	Tears Attended	Graduation Date	
Post – Secondary Institutions you ar	e Considering*					
·	<u> </u>					
Institution	Location		Program Name		Program Length	
* This is only needed if you are applying	ng during high sch	ool				
		_				
Briefly explain your Academic/Care	er Interests (500 v	words m	ax)			

I certify that the information I provided on this application and accompanying documentation is true this application document can be released to the scholarship selection committee.	, accurate, and complete. All portions of
Signature:	Date:

**Briefly explain your Academic/Career Interests (500 words max)** 

### **Volunteerism/ Community Involvement / Employment**

Please list all activities you have participated in the past 5 years. Please categorize them as arts (A), school/community service (B), athletics/sports (C), competitions/conferences (D), or Employment (E).

Description of Activity (including year)	Hours	Reference	Phone	Category

*if you require more space, please attach a sepa	arate docu	ment. This document does not co	unt as your CV.	

if you require more space, please attach a separate document. This document does not count as your CV.

•	`	41			
•	1	1	h	Δ.	r
•	,	н.	•	•	

A) List :	5 adjectives which best describe you:
1.	
2.	
2.	

- B) Submit a Resume/CV covering all your activities
- C) Submit an up-to-date transcript.
  - High school transcript if applying from high school (Scanned copy of Official Transcript only)
  - College/university transcript if you are applying from university (Scanned copy of Official Transcript only)
- D) Submit a personal 1000 word essay with one of the following essay prompts:

#### TOPICS FOR SCHOLARSHIP APPLICANTS ONLY

- 1. A significant or new technological advancement which has influenced you
- 2. Explain how your chosen field of study can be beneficial for the medical field

### TOPICS FOR BURSARY APPLICANTS ONLY

- 1. How will this scholarship impact your education and extra-curricular studies?
- 2. Apart from scholarships, how do you plan on financing your education?