



The Canadian  
Medical Hall of Fame  
*Le Temple de la renommée  
médicale canadienne*



STRONGER COMMUNITIES TOGETHER™

## SCHOLARSHIP APPLICATION FORM

THE FOLLOWING MATERIAL MUST BE SUBMITTED WITH THIS FORM (please do not staple or bind):

- 1) Three letters of reference – one from your school and two from your community (i.e. an employer, coach, supervisor, mentor, pastor/minister etc.)
- 2) An official transcript of your previous two years of high school (confirming at least an 85% average)
- 3) A two-page essay describing your future education and career goals, and outlining how you hope this scholarship will help you achieve those goals. Specifications: double-spaced, 12 pt Arial font

The deadline for application is June 15 of each calendar year. Where June 15 falls on a weekend, the deadline will be extended to the next business day.

All information provided for each section below must be typed / printed and must not exceed the allotted space.

### GENERAL INFORMATION

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Male:  Female:  Date of birth: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
(please include postal code)

Current address: \_\_\_\_\_  
(if different from above)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name, address & telephone of parents, next-of-kin or guardian:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Canadian citizen:  Landed immigrant:

### EDUCATION

Institution currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and location of institution you plan to attend next fall: \_\_\_\_\_

Program: \_\_\_\_\_

Please list any awards or recognitions you have received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK AND/OR VOLUNTEER EXPERIENCE

(Include full or part-time positions)

Organization name and address	Position held	Dates

## REFERENCES

Please include contact information for each of your three references:

Name, address, phone/email	Occupation	Relationship to you	How long have you know this person?

## CERTIFICATION OF INFORMATION

I hereby agree that the information provided is correct and can be certified upon request.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

Please forward this application and all supporting documentation to:

CMHF / GWL, LL, & CL Scholarship  
The Canadian Medical Hall of Fame  
267 Dundas Street, Suite 202  
London ON N6A 1H2

Please make sure you have included: 1) Three letters of reference 2) An official transcript 3) A two-page essay

Yes, I would like to receive an email confirming that the CMHF has received my application.

This scholarship is administered by the Association of Faculties of Medicine of Canada (AFMC). The successful recipient(s) will be notified by July 31.

## PRIVACY STATEMENT

*The Canadian Medical Hall of Fame respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell, or trade our mailing lists. The information you provide will be used solely to facilitate your scholarship application and, unless you are the successful applicant, will be destroyed once this process is complete. If you are the successful applicant, the information you provide will be used to keep you informed about the activities of The Canadian Medical Hall of Fame. If at any time you wish to be removed from our contact list, simply notify us by phone 519-488-2003 or via email at [tufts@cdnmedhall.org](mailto:tufts@cdnmedhall.org) and we will gladly accommodate your request.*