



Application for Undergraduate Medical Student Bursary

Eligibility: Applicants must be enrolled in Year 3 of the Undergraduate Medical Education Program (Memorial University)

Deadline to apply: March 31st of third academic year (payment made at start of fourth academic year)

APPLICANT INFORMATION

Surname: _____	Given Name: _____	Initial: ___
Date of Birth: _____ (DD/MM/YYYY)		
Mailing Address:		
Home Province: _____	Telephone Number: _____	
Email: _____	Year of Medical School: _____	

SIGNATURES

Declaration by Applicant and Department of Health and Community Services:

I certify that all information given on this application is complete and true to the best of my knowledge.

I authorize that the Government of Newfoundland and Labrador may collect information included in this application and exchange that information as it considers necessary for the purposes of approving bursaries.

I understand that any statements made on this application found, at any time, to be false and/or incomplete shall be sufficient cause for immediate repayment of current bursaries and disqualification from receiving future incentives. Collection, use or disclosure of personal information is in accordance with privacy legislation.

Applicant Signature: _____ Date: _____

Please forward completed applications to:

(Via Mail)

Nicole Babichuk
Medical Services Division
Department of Health and Community Services
1st Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

(Via Email)

MedServicesPrograms@gov.nl.ca