



Application for Undergraduate Medical Student Bursary

This form must be submitted by the student when enrolled in Year 3 of the Undergraduate Medical Education Program at Memorial University. **The deadline for this application is March 31st of the third academic year with payment being made at the start of the fourth academic year.**

APPLICANT INFORMATION

Surname: _____ Given Name: _____ Initial: __

Previous Name (If applicable): _____

Social Insurance No.: _____ Date of Birth: ____/____/____ (DD/MM/YYYY)
(Canada Revenue Agency regulations require the submission of a social insurance number for taxation purposes.)

Current Mailing Address: _____ Permanent Mailing Address (if different): _____

Home Province: _____

Telephone Numbers: Home: (____) _____ - _____ Cell: (____) _____ - _____
 Work: (____) _____ - _____ Pager: (____) _____ - _____

Email (School): _____

Please provide an email address other than your school email address.

Email (Personal): _____

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)

Dan Fitzgerald
Physician 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)

danielfitzgerald@gov.nl.ca