



## 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 31<sup>st</sup> 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: \_\_\_\_\_

SUPPORTING DOCUMENTATION: Verification of identity and current address is required (see policy for details)

Please forward completed applications to:

#### **(Via Mail)**

Medical Services Division, Department of Health and Community Services  
Confederation Building, P.O. Box 8700, St. John's, NL A1B 4J6

#### **(Via Email)**

[MedServicesPrograms@gov.nl.ca](mailto:MedServicesPrograms@gov.nl.ca)