

PLEASE SELECT WHICH FINANCIAL SUPPORT(S) YOU ARE APPLYING FOR:

- Rural Medical Student Award** (\$5,000 funding towards medical school costs)
- Dr. Lynne M. McKenzie Memorial Scholarship** (\$1,500 funding for medical students interested in rural medicine)

Section 1: CONTACT INFORMATION (please print clearly)

01	Last Name		02	Given Name	
03	Apt./Box No.:	Street Address:	Town/City:	Province:	
	Postal Code:	Email Address:	Telephone: ()		

Section 2: PERSONAL INFORMATION

04	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Permanent Resident of Canada	05	Have you lived in Alberta all your life? <input type="checkbox"/> Yes No, since: _____ (mm/yyyy) ocaion: _____	
06	Gender(<i>circle</i>): Male Female		07	Birthdate (dd/mm/yyyy): _____ SIN: _____	

Section 3: EDUCATIONAL INFORMATION

08	University Name: <input type="checkbox"/> University of Alberta <input type="checkbox"/> University of Calgary	09	What year of medical school are you entering? <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year		
10	Graduation Date: (mmm/yyyy):	11	Have you been a volunteer in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Are you a member of the Rural Medicine Interest Group (RMIG)? <input type="checkbox"/> Yes <input type="checkbox"/> No		What community organizations have you belonged to in your community? (use a separate sheet if necessary)		

Section 4: RESIDENCE

13	What do you consider your home community?			
	List Alberta residences:	From	To	Number of Years
	Total Years in Alberta			

Section 5: FINANCIAL ASSESSMENT

Funds for the current academic year:		Amounts	Accumulated Amounts Including This Year
14	Canada Student Loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Provincial Student Loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Student Awards/Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Bank/Student Education Loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Private Loans <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Credit Card Available <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Total		\$	\$

Section 6: STUDENT REMARKS

Answer the following questions thoroughly. Your answer can strongly affect the success of your application. Use a separate sheet for your answers. Submissions in printed text, not handwritten, are preferred.

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1. Describe your (short and long term) career plans and how they may result in you practicing in a rural community.
 2. Describe in detail any previous contact you may have had with a rural physician that may have contributed to your decision to practice medicine in a rural community.
 3. What experiences have you acquired that will assist in obtaining employment in medicine in a rural community (i.e. volunteer work, previous jobs)? You may include a resume.
 4. How can you demonstrate that you will live and work in a rural community?
 5. Do you have any special needs not already mentioned in this application, or other information you would like to share with the selection committee?
 6. Please provide the name and contact information of a rural physician (preferably in your community) who can attest to your interest in rural medicine.

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I declare that:

- the information given on this application is true and complete and I understand it is subject to audit.

I understand that:

- if I make a false or misleading statement in this application or fail to disclose information as requested by the RhPAP, I may be denied financial assistance and/or required to immediately repay all financial assistance received; and,
- The information given on this application is subject to audit.
- That one submitted application is only applicable to obtain one award or scholarship and not for multiple funding

I consent to:

- the use of the information contained in this application by and RhPAP for the purposes of statistical analysis and program evaluation; and
- the public release of my contact, residency and educational information if I receive either one of the award or scholarship

Signature: _____

Date: _____

NOTE: The RhPAP Board of Directors reserves the right to reject any or all applications.

Applications are accepted any time prior to November 1st

**** Disclaimer: We encourage all medical students of any year of medical school to apply and reapply following years for funding. Only one award or scholarship will be chosen for one student per school year; multiple funding will not be awarded in one year. You may also reapply for any awards or scholarships that you have already been successfully chosen for from previous years.**

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager of Accounting, Alberta's Rural Health Professions Action Plan (RhPAP), Suite 416, 9707-110 Street NW, Ledgeview Business Centre, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca