

# SCHOLARSHIP FUND APPLICATION 2017-18



<b>Name:</b>	<b>Address:</b>
<b>Date of birth:</b>	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>E-mail:</b>
	<b>Phone:</b> (    )    - <b>Fax:</b> (    )    -

<b>Year of high school graduation</b>	
<b>Is your parent a member of Doctors of BC in good standing?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Full name of parent member of Doctors of BC</b>	

<b>Name and address of current high school or post-secondary institution</b>	<b>Name of post-secondary institution you plan to attend next year (if different)</b>

<b>Other qualifications and achievements</b> (A separate list of achievements and information to support your application may be attached.)

**ADDITIONAL APPLICATION REQUIREMENTS:**

- A paragraph explaining why you feel you would be a deserving candidate for this scholarship
- Two letters of reference
- Most recent transcripts
- A copy of an acceptance letter from a recognized institute of higher learning

*All the information provided with this application is accurate to the best of my knowledge.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN COMPLETED FORM TO DOCTORS OF BC SCHOLARSHIP FUND BY 4pm on Friday, April 26<sup>th</sup> 2018.** via email - [scholarships@doctorsofbc.ca](mailto:scholarships@doctorsofbc.ca)