

SCHOLARSHIP FUND APPLICATION 2019-20



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

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

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

Other qualifications and achievements (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 electronic files MUST be saved as 'last name, first name, document name' for example 'Smith, Jane, Letter of Reference 1'

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 24th 2020. via email - scholarships@doctorsofbc.ca