

# Doctors of BC Scholarship Awards

## *Scholarship Application*

Thank you for your interest in the Doctors of BC Scholarship Awards. Please carefully read and complete this application in full.

### **Eligibility**

A child of a member in good standing, who is completing or has completed high school and is planning to continue studies at a recognized post-secondary institution (university, college, or technical school).

- All submitted applications **must** contain the information described in the **APPLICATION CHECKLIST** and follow the **DOCUMENT SUBMISSION REQUIREMENTS** described below to be considered.
- All scholarship applications must be received by **4 p.m. on Friday, September 3, 2021**.
- Successful applicants will be notified in writing in early October, 2021.
- The decision of the administrator/committee is final.
- Names of Scholarship Award winners will be published in the BC Medical Journal.

### **APPLICATION CHECK LIST**

Please indicate that you have included the following with your application:

A completed Scholarship Application form

ONE (1) paragraph explaining why you feel you are a deserving candidate for this scholarship.

Please use *page 3 of this document for your paragraph*.

TWO (2) letters of reference, no longer than ONE (1) page each.

A copy of your MOST RECENT transcripts

A copy of an ACCEPTANCE LETTER from a recognized institute of higher learning

Optional:

A list of additional achievements and accomplishments for consideration

(maximum ONE 1 page). Please use page 4 of this document to list your accomplishments.

### **DOCUMENT SUBMISSION REQUIREMENTS**

**ALL** files must be submitted electronically by email to [scholarships@doctorsofbc.ca](mailto:scholarships@doctorsofbc.ca).

Files **MUST** be saved as 'Last Name, First Name – Document Name'. For example:

- Smith, Jane – Scholarship Application
- Smith, Jane – Letter of Reference 1
- Smith, Jane – Letter of Reference 2
- Smith, Jane – Transcript

## APPLICANT INFORMATION

Name

Address

Email

Phone Number

Year of high school graduation

Is your parent/guardian a member of Doctors of BC in good standing?

Full name of parent/guardian member of Doctors of BC

## CURRENT HIGH SCHOOL OR POST-SECONDARY INSTITUTION DETAILS

Name

Address

Phone Number

## PLANNED HIGH SCHOOL OR POST-SECONDARY INSTITUTION DETAILS

Name

Address

Phone Number

**PERSONAL PARAGRAPH**

Please use this space to write ONE (1) paragraph (maximum 250 words) explaining why you feel you are a deserving candidate for this scholarship:

**ACHIEVEMENTS AND ACCOMPLISHMENTS**

Please use this space to list additional achievements and accomplishments for consideration (maximum ONE 1 page):