

Applicant Information

Name _____

Site/Base _____ Registration # _____

Email _____ Phone _____

Address _____

City _____ Province _____ Postal Code _____

(Check all that apply)

I am applying for the:

John Rossiter Memorial Scholarship	Dalhousie University College of Continuing Education Award	Medical Mart Atlantic Scholarship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Educational Institution Information

Name of Institution _____

Course Attending _____

Name of Coordinator _____ Phone _____

Institution Address _____

City _____ Province _____ Postal Code _____

- ☐ I certify the information provided on this application form, and in all the documents accompanying it, is true, accurate and complete.
- ☐ I understand that:
 - All submitted essays become the property of the John Rossiter Memorial Scholarship program.
 - I can reapply for this scholarship each year; however, I must provide a new essay.
 - In the event I am awarded a John Rossiter Memorial Scholarship award, I grant permission for my name and picture to be published on EMC's internal staff site and/or other media announcements.

Please email your résumé, cover letter, essay, letter of reference, educational institution letter of acceptance and completed application form to scholarships@medaviehealthed.com, subject line JRMF, by midnight on April 30, 2014.