

## Applicant Information

Name \_\_\_\_\_

Site/Base \_\_\_\_\_ Registration # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## 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 Medavie HealthEd.
  - I can reapply for this scholarship each year; however, I must provide a new essay.
  - In the event I am awarded the Craig Desjardins Memorial Scholarship, I grant permission for my name and picture to be published on Medavie communication channels/or other media announcements.

Please email your resumé, cover letter, essay, letter of reference, educational institution letter of acceptance and completed application form to [scholarships@medaviehealthed.com](mailto:scholarships@medaviehealthed.com).