



RETURN BY Nov. 30 TO:
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DEPARTMENT OF EMERGENCY MEDICINE
THE NIGEL MERCHANT ALLIED HEALTH BURSARY
APPLICATION

NAME: _____ SIN: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

E-MAIL: _____ PHONE: _____

INSTITUTION: _____ PROGRAM: _____

ANTICIPATED EXPENSES THIS YEAR:

RESOURCES TO SUPPORT THIS YEAR:

Expense	Amount	Source	Amount
Tuition		Student Loans	
Student Fees		Employment Income during year	
Books		Grants	
Rent		Bursaries	
Transportation		Savings	
Food		Summer Employment	
Misc		Other	

PERSONAL STATEMENT: Please attach a brief statement explaining why you are applying for this bursary, including any special circumstances about your financial situation for example family expenses, etc. (up to 1 page)

Please also attach your letter of acceptance.

SIGNATURE

DATE