

**BATTLE RIVER COMMUNITY FOUNDATION**  
**Rudy and Flora Baker Scholarship in Medicine**

**Application Form**  
**(Closing Date for Applications: N/A)**

**Personal Identification:**

Mr.   
Miss  Surname or Family Name: \_\_\_\_\_ First Name and Initials: \_\_\_\_\_  
Mrs.   
Ms.

**Permanent/Family Address:** \_\_\_\_\_ Town/City: \_\_\_\_\_  
(House and Street, or Box)

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Current Address:** \_\_\_\_\_ Town/City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**High School History:**

School Attended for Grade 12: Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_

**University Studies** (as applicable):

1. 1st year of university studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_  
Year: \_\_\_\_\_
2. 2nd year of university studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_  
Year: \_\_\_\_\_
3. 3rd year of university studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_  
Year: \_\_\_\_\_
4. 4th year of university studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_  
Year: \_\_\_\_\_

**Medical Studies:**

1. 1<sup>st</sup> year of medical studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_

Year: \_\_\_\_\_

2. 2<sup>nd</sup> year of medical studies: Name of college/university: \_\_\_\_\_ Location: \_\_\_\_\_

Year: \_\_\_\_\_

(Attach a separate page if necessary)

**Financial Support:**

I have been approved for government loans and/or grants: Yes  No

**Non-Academic Activities:**

In the past year, I have been involved in the following community service activities:

\_\_\_\_\_

\_\_\_\_\_

(Attach a separate page if necessary)

**Supporting Information:**

Copy of Report Card for High School studies, enclosed

Copy of Statement of Grades or of Transcript of University Studies, enclosed

A personal statement of not more than one page in length, describing why you think you would be a good recipient of this scholarship, enclosed

If awarded this scholarship, I agree to the use of my name and picture for publicity purposes.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act and is used only for the selection process for the Baker Scholarship.

Questions may be directed to Kerry Grettum, Executive Director,  
Battle River Community Foundation, Phone 780.679.0449, e-mail [info@brcf.ca](mailto:info@brcf.ca)

This form and its attachments as requested are to be submitted to:

**Battle River Community Foundation**  
**Box 1122**  
**Camrose AB T4V 4E7**