

BATTLE RIVER COMMUNITY FOUNDATION
Rudy and Flora Baker Scholarship in Medicine

Application Form
(Closing Date for Applications: August 15)

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. 1st year of medical studies: Name of college/university: _____ Location:

Year:

2. 2nd 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 the office of
Battle River Community Foundation, Phone 780.679.0449, e-mail 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