



Ontario Medical Foundation Electives Bursary Programme 2009-2010 Elective Bursary Application Form

The Ontario Medical Foundation, a charitable arm of the Ontario Medical Association, offers two \$500 bursaries to all six medical schools every year to assist students in taking up elective programmes.

Recipients will be chosen by the Dean of Medicine, or his/her designate, under guidelines established by the Association. These include such factors as academic validity of the learning experience, location as indicated below, adequate academic achievement, and need for assistance.

REQUIREMENTS:

1. Electives may be to an underserved area in Ontario, an underserved area in Canada, or to a developing country. Priority will be given to applications for an underserved area in Ontario as defined by the Ministry of Health.
2. Students must be OMA members (please contact the OMA Membership Department for more information on how to become a member) and can apply only for one bursary.
3. The minimum length of an acceptable elective should be four weeks.
4. Copies of the required electives reports should be addressed to the attention of Sandy Zidaric, Ontario Medical Association.
5. All applications must be signed by the Dean of Medicine or his/her Designate.

Completed applications should be sent to:

Sandy Zidaric
Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, Ontario M5S 3C1
☎ Phone: (416) 340.2985
📠 Fax: (416) 340.2922

A. PERSONAL INFORMATION

Surname: _____ First Name: _____

University: _____ Year of Study: _____

Student Number: _____ Email: _____

Current Address:	Permanent Home Address:
Street: _____ _____ Apt: _____	Street: _____ _____ Apt: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____	Postal Code: _____
Phone: () _____	Phone: () _____
Cell: () _____	Cell: () _____
Fax: () _____	Fax: () _____
Pager: () _____	Pager: () _____

Please send cheque to: Current Address Permanent Home Address

B. DETAILS OF PROPOSED ELECTIVE

Please describe the details of your proposed elective in the space below (location, dates, etc).

C. FINANCIAL INFORMATION

Please indicate your expenses as well as your financial resources and/or any financial support you receive.

1. EXPENSES	
Transportation	\$
Accommodation	\$
Meals, etc.	\$
Other – Itemize	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

2. FINANCIAL RESOURCES	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL RESOURCES	\$

IF THIS BURSARY IS AWARDED TO ME, UPON MY RETURN I WILL FORWARD A COPY OF MY REPORT TO THE OMA STUDENT LIAISON FOR POSSIBLE CIRCULATION AND PUBLICATION IN THE ONTARIO MEDICAL REVIEW.

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D. SIGNATURES

Please ensure your application is signed by a representative from your University’s Student Awards Office and by your University Dean or Designate before submitting to the Ontario Medical Foundation.

Applicant Signature

Date

Student Awards Office Representative Signature

Date

Dean of Medicine or Designate Signature

Date