



RURAL MEDICAL SCHOOL AWARD APPLICATION

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Section 1: CONTACT INFORMATION

01	Last Name		02	Given Name	
03	Apt./Box No.:	Street Address:	Town/City:	Province:	
	Postal Code:	Email Address:	Telephone: ()		

Section 2: PERSONAL INFORMATION

04	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Permanent Resident of Canada	05	Have you lived in Alberta all your life? <input type="checkbox"/> Yes No, since: _____ (mm/yyyy) Location: _____	
06	Gender(<i>circle</i>): Male Female		07	Birthdate (dd/mm/yyyy): _____ SIN: _____	

Section 3: EDUCATIONAL INFORMATION

08	University Name: <input type="checkbox"/> University of Alberta <input type="checkbox"/> University of Calgary	09	What year of medical school are you entering? <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year	
10	Graduation Date: (mmm/yyyy):	11	Have you been a volunteer in your community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Are you a member of the Rural Medicine Interest Group (RMIG)? <input type="checkbox"/> Yes <input type="checkbox"/> No		What community organizations have you belonged to in your community? (use a separate sheet if necessary)	

Section 4: RESIDENCE

13	What do you consider your home community?:			
	List Alberta residences:	From	To	Number of Years
	Total Years in Alberta			

Section 5: FINANCIAL ASSESSMENT

Funds for the current academic year:		Amounts	Accumulated Amounts Including This Year
14	Canada Student Loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Provincial student loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Student bursary/awards/scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Bank/student education loan <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Private loans <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Credit card available <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	Total		\$

Section 6: STUDENT REMARKS

Answer the following questions thoroughly. Your answer can strongly affect the success of your application. Use a separate sheet for your answers. Submissions in printed text, not handwritten, are preferred.

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1. Describe your (short and long term) career plans and how they may result in you practicing in a rural community.
 2. Describe in detail any previous contact you may have had with a rural physician that may have contributed to your decision to practice medicine.
 3. What experiences have you acquired that will assist in obtaining employment in medicine (i.e. volunteer work, previous jobs)? You may include a resume.
 4. How can you demonstrate that you will live and work in a rural community?
 5. Do you have any special needs not already mentioned in this application, or other information you would like to share with the selection committee.
 6. Please provide the name and contact information of a rural physician (preferably in your community) who can attest to your interest in rural medicine.

I declare that:

- the information given on this application is true and complete and I understand it is subject to audit.

I understand that:

- if I make a false or misleading statement in this application or fail to disclose information as requested by the RPAP, I may be denied financial assistance and/or required to immediately repay all financial assistance received; and,
- The information given on this application is subject to audit.

I consent to:

- the use of the information contained in this application by and RPAP for the purposes of statistical analysis and program evaluation; and
- the public release of my contact, residency and educational information if I receive the RPAP Medical School Award.

Signature: _____

Date: _____

NOTE: The RPAP Board of Directors reserves the right to reject any or all applications.

The personal information requested on this form is collected for the purpose of administering and processing payments to preceptors, vendors, students, residents, contractors and staff involved with RPAP. If you have any questions about the collection, use, or disposal of the information requested, please contact: Executive Director, The Alberta Rural Physician Action Plan, 2801 Telus House, 10020-100 Street NW, Edmonton, AB T5J 0N3. Phone 780-423-9911 Fax: 780-423-9917.