

Norma and Don Moore Scholarship Application

Scholarship Guidelines

The Scholarship guidelines listed here are for prospective recipients to review prior to completing the application form. **The scholarships awarded will support doctors or nurse practitioners currently in an educational programme leading to a license to practice in Ontario who have indicated an intent to practice in Lambton County.**

Number and Value of the award(s) - To be determined annually and subject to both market conditions and donor advice.

Level One- For students beginning medical study

Level Two- For students entering their final year of study

Level Three – For students in a residency programme

Eligibility:

The candidate must:

1. Complete the application that follows
2. Be attending a recognized school of medicine, completing a residency programme after graduation or be attending a programme leading to certification as a nurse practitioner.
3. Submit a detailed resume.
4. Provide a copy of the most recent academic transcript and two academic references
5. Provide a letter of intent indicating their ideal practice environment and their commitment to practice in Lambton County
6. Identify what level of award they are applying for

The completed application and supporting documents must be sent to:
Sarnia Community Foundation, 110-560 Exmouth Street, Sarnia ON N7T 5P5

DEADLINE: March 1st of any calendar year

(if the 1st is a weekend day then the deadline is moved to the following business day)

For more information contact the Executive Director

Phone: 519 332 2588 E-mail: ed@sarniacommunityfoundation.ca

Please note:

1. The Award may be renewable.
2. Scholarships are awarded on the understanding that the funds will be used to cover the cost of attending a programme of studies and may be directed to the academic institution if so requested by the winner.
3. By signing the application, the applicant agrees to the expectations of scholarship recipients and gives SCF to right to publish their name and photograph. All other information will remain confidential.
4. Recipients must be available for photos, interviews or any other promotional activities as arranged by the scholarship committee (e.g. award ceremonies, media interviews, etc.)
5. Preference may be given to those applicants who have been resident in Lambton County prior to beginning their studies.

PERSONAL INFORMATION

Name

Current Mailing Address

Postal Code

Telephone

Email

1. What School are you attending? _____
2. What programme are you enrolled in? _____
3. When do you expect to graduate? _____
4. What are your career goals?

5. Describe what led you to choose this field of study

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Declaration:

I certify that the information in this application is true and accurate. I have submitted the required material and agree to abide by the decision of the scholarship committee.

I acknowledge and accept that should my application be successful that the funds will be used for the purposes intended. I give permission for my name and photograph to be published in conjunction with any publicity related to the award. I understand that I will be required to provide my Social Insurance Number to the Sarnia Community Foundation upon accepting the award.

Signature of applicant

Date

The Sarnia Community Foundation has a privacy policy that protects personal information. Any personal information requested on this application is only used to assist with the assessment of the application. A copy of the application form and supporting documents may be kept for audit purposes.