



BURSARY APPLICATION FORM

Please download and fill out as indicated

PART 1: APPLICANT INFORMATION

Surname _____ First name _____ Initial _____

Address _____

Email address _____

Phone number _____ Social Insurance Number _____

PART 2: PROOF OF CURRENT ENROLLMENT

Applicants must provide proof of enrollment by providing a pre-registration and/or registration copy of enrollment provided by the registrar of the educational institution

_____ (name of applicant) is currently enrolled

in a human health related program, namely _____ (program name)

at _____ (college, university, technical institute)

Name of educational institute's official (please print) _____

Title _____

Signature _____ Date _____

PART 3: LETTER OF INTENT AND REFERENCES

- A letter of 300 words or less indicating why you have chosen your present field of study, future plans, and your family connection to Polish heritage
- Confirmation of volunteer hours (minimum 30 hours), preferably at Kopernik Lodge
- A letter of personal reference (author- must not be family or relative)

PART 4: SIGNED DECLARATION: Please include this signed declaration with your application:

I hereby declare that the information on this application is, to the best of my knowledge, correct and complete. If any of the information in this application should change, I understand that it is my responsibility to advise the MCSCF Bursary Committee in writing.

I understand that the information I have provided will be used for the adjudication and administration of the awards available through Maria Curie Skłodowska Charitable Foundation. I understand and hereby consent to the publication of my name, if selected, as the recipient of the bursary in news releases on the Foundation website.

Print Name _____ Signature _____

Date _____