



Dryden Area Medical Bursary Program Application

Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Phone: _____ Email: _____
Post secondary institution: _____
Area of concentration: _____
Year of enrollment _____
Are you eligible to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please describe your connections with Dryden?

What are your experiences in a small town?

Explain your interests in rural medicine particularly in Dryden?

Please tell us why small towns are sensational?

Briefly describe why you are applying for this bursary?

Describe your hobbies/extra curricular activities?

Please provide a copy of your most recent transcripts.

Please provide 2 professional and 1 personal references.

Please provide any other information you think would be pertinent.