

**DOCTOR OF MEDICINE PROGRAM
BURSARY APPLICATION**

APPLICATION DEADLINE: 30 DAYS POST-ROTATION

PART 1: PERSONAL INFORMATION	
Last Name:	Date:
First Name:	Program Year: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
U of T Student Number:	Academy: <input type="checkbox"/> FITZ <input type="checkbox"/> MAM <input type="checkbox"/> PB <input type="checkbox"/> WB
Clerkship Rotation (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	

PART 2: CORE CLINICAL ROTATIONS AND SELECTIVES, or FMLE PLACEMENT		
PLACEMENT DETAILS		
<input type="checkbox"/> Travel to my rotation requires the use of one transit system and the travel time is more than one hour.		
<input type="checkbox"/> Travel to my rotation requires the use of two transit systems.		
Transit system(s):		
Start date:	End date:	Number of weeks:
Location/Hospital:	Rotation/Department:	
Academy approval (staff member):	Date approved:	

DECLARATION

By signing below, I confirm that all of the information provided in this application is true and complete. I understand that if I fail to provide complete and true information, the Faculty of Medicine may restrict me from receiving further financial assistance in the future.

Some grants are funded by private donors who wish to receive limited information about recipients. This could be general, biographical and/or academic in nature. Please check below if you do not wish to have information about you released. I do not wish to share my information with donors.

I understand that the Student Financial Services Offices will use address information housed in the MedSIS system for contact purposes and that it is my responsibility to ensure information housed in the MedSIS system is complete and accurate.

I have read and understood this Declaration and Consent and my signature attests to my consent to the collection and disclosure of my personal information and that my declaration is true.

Signature of Student:	Date:
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The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be reviewed by members of the Undergraduate Bursary Committee. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

**RETURN COMPLETED FORM TO THE MEDICAL EDUCATION OFFICE AT YOUR HOME BASE HOSPITAL
(MAM students please return to the HSC admin office)**

OFFICE USE ONLY	Funding:	Fund #:	Date: