

3. APPLICANT INFORMATION

Surname _____
First and Middle Names _____
Student Number _____
College _____
Institution _____

Please indicate the address you wish correspondence to be sent to:

Email Address: _____

Phone Number: _____

4. EDUCATION OBTAINED

A complete listing of secondary and post-secondary education is required.

Name of High School, College, University, Technical Institute	City/Province	Dates Attended (Month/Year)	Certificate, Diploma, Degree Attained or Expected	Date Obtained or Expected

5. ATTACHMENTS

The following is required:

- i. Copies of transcripts from all universities attended other than the University of Saskatchewan.
- ii. Proof of Aboriginal ancestry.
- iii. A biographical essay with a maximum of 800 words/4 pages, double spaced that:
 - Outlines your desire to pursue a career in Medicine,
 - Explains why you think the College of Medicine has an Aboriginal Admissions Program and
 - Describes your engagement/involvement in your Aboriginal Community as you define it.
- iv. A personal interview may be included in the selection process dependent upon the number of applications received.

6. DECLARATION

All information on this form remains confidential and is used only for awards purposes.

I authorize the Awards Committee to access my current and previous academic performance as contained within the University of Saskatchewan Student Information System.

I declare that the answers given by me in all parts of this application are complete and true and that I understand that the value and availability of awards, and policies and procedures with regard to the administration of these awards may change at the University’s discretion.

Signature _____

Date _____