Pathway Support for Indigenous Students to Pursue Medicine

Application Form

Open to continuing (beyond first year of a degree program) Indigenous students registered in a minimum of 24 credit units (September-April) working towards a baccalaureate degree in a bona fide four-year baccalaureate degree program OR are enrolled in a full-time graduate program at an accredited Saskatchewan degree granting institution.

The University is committed to equity, diversity and inclusion, and we are proud to support academic opportunities for Indigenous students. We value the unique perspectives that Indigenous students bring to the MD program. As we continue to grow our partnerships with Indigenous communities, strengthening the future Indigenous physician workforce in the province is an important part of improving health outcomes for Indigenous peoples.

Only Indigenous candidates will be considered for this award. Verification of Indigenous Membership/Citizenship at the University of Saskatchewan is led and determined by the deybwewin | taapwaywin | tapwewin: Indigenous Truth policy and Standing Committee in accordance with the processes developed to enact the policy. Verification of Indigenous Membership/Citizenship with documentation is a condition of receiving this support. Please visit: https://indigenous.usask.ca/indigenous-initiatives/deybwewin-taapwaywin-tapwewin.php to proceed through the verification system. If you have any questions or require additional information about deybwewin | taapwaywin | tapwewin please contact: indigenoustruthpolicy@usask.ca

Applicants should possess a strong academic standing.

Applicant information to the College of Medicine can be found at https://medicine.usask.ca/students/undergraduate/indigenous-admissions.php.

1. DEADLINE FOR RECEIPT OF PATHWAY SUPPORT APPLICATIONS – NOVEMBER 1, 2024

2. INSTRUCTIONS – Please print clearly. Answer all questions. Please mail or email your application to:

   Sherrill Bueckert
   College of Medicine, U of S
   Box 17 Health Sciences Building
   107 Wiggins Rd
   Saskatoon SK S7N 5E5
   Email: sherrill.bueckert@usask.ca Phone: 306-966-6143

   If you have a question about any part of this application or your eligibility to apply, please contact Sherrill Bueckert.
3. APPLICANT INFORMATION

Surname _____________________
First and Middle Names ____________________________________
Student Number ____________________________________________
College ___________________________________________________
Institution _________________________________________________
Email Address: _____________________________________________
Phone Number: _____________________________________________

4. EDUCATION OBTAINED

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

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<tr>
<th>Name of High School, College, University, Technical Institute</th>
<th>City/Province</th>
<th>Dates Attended (Month/Year)</th>
<th>Certificate, Diploma, Degree Attained or Expected</th>
<th>Date Obtained or Expected</th>
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5. ATTACHMENTS

The following is required:

i. Copies of transcripts from all universities attended other than the University of Saskatchewan.

ii. If you are a first-time Pathways Support applicant, 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 Indigenous Admissions Pathway and
   - Describes your engagement/involvement in your Indigenous Community as you define it.

iii. If you are applying for continued Pathways Support (i.e., have already received Pathways Support previously), a reflection essay to update the committee with a maximum of 800 words/4 pages, double spaced.

iv. A personal interview may be included in the selection process.

6. DECLARATION

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

I authorize the Pathways Support Committee to access my current and previous academic performance as contained within the University of Saskatchewan Student Information System (if applicable).

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 __________________________