



Vermilion District Health Care Providers Attraction & Retention Committee Bursary Partnership Program

Contact Information

Last Name	First Name		
Current Mailing Address	Town or City	Province	Postal Code
Email Address	Phone (<i>daytime</i>)		

Educational Information

Name of Post-Secondary Institution	Alberta Student Number (<i>9 digit number</i>)		
Town/City	Campus Name (<i>if not attending main campus</i>)		
Program Enrolled in (<i>be specific</i>)			
Major/Minor	Program Type <input type="checkbox"/> Diploma <input type="checkbox"/> Master <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> PhD		
What Year of program are you entering? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Length of program in years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Dates planned to attend in the upcoming school year		From (<i>yyyy-Mon-dd</i>)	To (<i>yyyy-Mon-dd</i>)
When will your degree/diploma/certificate be conferred? (<i>yyyy-Mon-dd</i>)			
When will you be available for work? (<i>yyyy-Mon-dd</i>)			

Demographic Information

This award is available to all eligible residents who have lived in Alberta for 12 consecutive months prior to the commencement of their program.

Are you a current resident of Alberta
 No
 Yes
▶ Date (*yyyy-Mon*) _____

Contact Information

Mail your completed submission to:

Vermilion District Health Care Providers Attraction & Retention Committee Bursary Partnership Program

Town of Vermilion

5021-49 Avenue

Vermilion, AB T9X 1X1

E-mail to: info@vermilion.ca or contact 780-853-5358 for more information.

Student Questionnaire

This section is to provide the applicant with the opportunity to provide qualitative responses to several factors in the evaluation process. Please use the space below to provide your response. An additional page may be attached if more space is needed. Please ensure your responses are typed or legibly written, including as much detail as possible.

What are your main reasons for wanting to live and work in Vermilion upon graduation?

Excluding finances, what are the two to three main ways this bursary will help you meet both educational and career goals?

What attracted you to a career as a physician and what steps have you taken to prepare for this career?

Student Questionnaire

What are your current and future educational plans? What are your career goals?

Please indicate how you heard about this bursary? *(check more than one if applicable)*

- Career Fair Poster Town of Vermilion Website
 Family/Friend Facebook
 Other _____

Declaration of Applicant

I declare that the information given on this application is true and complete and I understand it is subject to audit. I agree to immediately notify the Vermilion District Health Care Providers Attraction & Retention Committee if there are any changes to my post secondary enrollment status or employment status.

Signature

Date (yyy-Mon-dd)