

Dr. Phil Sunohara Memorial Surgical Scholarship Application

APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
Street Address				Apartment/Unit #	
City		Province		Postal Code	
Phone Number			Alt. Phone Number		
E-mail Address			Social Insurance No.		

EDUCATION INFORMATION						
Field of Study				Total Length of Program		
Year of Study Completed	1 st Year	2 nd Year	3 rd Year	4 th Year	Other:	
Institution						
Commencement Date of Course				Anticipated Completion Date		

BURSARY INFORMATION	
Have you received this bursary / award before?	
If yes, when and how much?	
How did you hear about this bursary?	

FINANCIAL INFORMATION			
<i>Annual Expenses</i>	<i>Total</i>	<i>Annual Income</i>	<i>Total</i>
Housing and Utilities (rent, water, telephone, heating)		Part-Time Earnings (net)	
Food / Personal Care		Contribution from Parents	
Clothing		Spousal Earnings (net)	
Transportation		Child Support / Alimony	
Child Care / Babysitting		Grants / Scholarships	
Exceptional Expenses (ie. Medical) List:		Other Government Funding List:	
Cost of Books and Tuition		Other	
Other		Other	
Total Annual Expenses		Total Annual Income	