

**APPLICANT INFORMATION**

Last Name		First Name		Middle Name	
Street Address				Apt/Unit#	
City		Province		Postal Code	
Phone Number			Alt. Phone#		
Email Address					

**EDUCATION INFORMATION**

Field of Study			Total Length of Program			
Year of Study	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	Other:	
Institution						
Start 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**

Annual Expenses	Subtotal	List Annual Income	Subtotal
Rent		Part-Time Earnings (net)	
Electricity		Contribution From Parents	
Water		Spousal Earnings (net)	
Phone		Child Support	
Heat		Alimony	
Food		Grants/Scholarships	
Personal Care		Other Government Funding	
Clothing		Other:	
Vehicle Payment/Transportation			
Gas			
Child Care			
Exceptional Expenses (i.e. Medical)			
Tuition per Semester			
Books per Semester			
Other:			
<b>Total Annual Expenses</b>		<b>Total Annual Income</b>	

Please email completed application and below supporting documents in .pdf format *only* to: [info@gphospitalfoundation.ca](mailto:info@gphospitalfoundation.ca)

Application  
2 Letters of Reference

Cover Letter  
Curriculum/Course Outline

Resume  
Any supporting documents (Grades)