GRANDE PRAIRIE REGIONAL Hospital Foundation

Northern Alberta Rural Physicians Fund

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	☐ 1st Year	☐ 2nd Year	☐ 3rd Year	☐ 4th 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:			
Total Annual Expenses	0	**Total Annual Income**	0

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

- ☐ Application
- ☐ Cover Letter
- ☐ Resume
- ☐ 2 Letters of Reference
- ☐ Curriculum/Course Outline
- ☐ Any supporting documents (Grades)