|  |  |  |
| --- | --- | --- |
| **Name of Applicant** | **Surname** | **Given Name** |
|  |  |
| **Home****Address** | **Street** | **City** | **Province** | **Postal Code** |
|  |  |  |  |
| **Phone Number**  | **Applicant Email Address** |
|  |  |
| **Canadian Post-Secondary Institution (Name)** | **(Location)** |
|  |  |
| (Note: Proof of enrollment in a Canadian medical school is required. Please attach screen shot of student record with term dates.) |
| **Academic Year (Begin Date mm/dd/yyyy)** | **(End Date mm/dd/yyyy)** |
|  |  |
| **Program Length (Years)** | **Year of Program Currently Entering (1st, 2nd, 3rd, 4th)** |
|  |  |
| **Cover Letter (Please attach a written statement substantiating each of the criteria of the Scholarship)** |
| **If you are a successful recipient, you will be required to:*** **provide your school student account number for the direct deposit of funds;**
* **provide your social insurance number so that we may issue the required T4A form; and**
* **write a letter of acknowledgment to the donor**
 |
| **Applicant Signature** | **Date** |
| **Parish Name:** | **Parish Email:** |
| **Parish Address:**  | **Pastor Name:**  |
| **Pastor Signature** |  | **Date** |

Aqueduct Foundation wishes to acknowledge the tremendous assistance of the Catholic Diocese of Hamilton in administering this scholarship. [www.aqueductfoundation.ca](http://www.aqueductfoundation.ca) 1-888-723-1122