

Chinese Canadian Medical Society (B. C.)

APPLICATION FOR C.C.M.S. (B.C.) SCHOLARSHIP

(open for family members of CCMS(BC) members only)

Name of Applicant:
(Please Print)

S.I.N.:

Birth Date:

Sex:

Current Address:

Phone:

Mailing Address:

Phone:

CCMS (BC) Sponsor:

Length of Membership:

EDUCATION RECORD: (Use additional sheets for more space, if necessary)

Secondary Education

Year

Post-Secondary Institution

(1)

Year

(2)

Year

Current Program Enrolled:

Extracurricular Interests/Awards:

RETURN THE COMPLETED APPLICATION TO CCMSBC (c/o Dr. Urbain Ip, Surrey Memorial Hospital, 13750 - 96th Ave, Surrey, BC, V3V 1Z2) ALONG WITH THE FOLLOWING:

1. Transcript of academic record for the past year.
2. Reference letters from two unrelated individuals.
3. Brief account of yourself and why you should be the recipient of the scholarship (maximum 2 typed double spaced pages).

Deadline for application each year = March 1