

FACULTY OF HEALTH
March of Dimes Canada Graduate Scholarship Application Form

Student Personal Information

Name:

Student Number:

Email Address:

Phone Number:

Department/School Affiliation:

Year of study:

Thesis Supervisor:

1. Enclose a written statement (maximum 1 single-spaced page, Times New Roman 12 point font, 1" margins) outlining your experience and interest in stroke recovery.
2. Enclose a letter of support from your supervisor, if possible.

I have read and agree to the following:

1. The information I have provided in this application is complete and accurate.
2. All information I have provided in connection with this application is subject to verification and audit by York University. I will provide supporting documentation to York University to verify my eligibility upon request.
3. I give York University my consent to disclose information on this form to other educational institutions and the Ministry of Training, Colleges and Universities (for OSAP purposes) to verify information.
4. Any funds I receive will be applied to my student account at York University.
5. Financial award consent: Should I be selected to receive a needs based financial award, I consent to the disclosure to the donor of the award, York University Advancement and other education institutions the following information: my name, program of study, year level and the amount of my award. Information contained in this application may be shared with the donor of the award for stewardship purposes.
6. I agree that my thesis supervisor can be contacted on an as-needed basis regarding this award.

THIS FORM REQUIRES AN ORIGINAL SIGNATURE.
Faxed copies/photocopies or e-mail attachments will not be accepted.

Signature: _____

Date: _____

INTERNAL USE ONLY

Date received:

Received by: