



Elective Bursary Application Form

The Ontario Medical Foundation, a charitable arm of the Ontario Medical Association, offers two \$500 bursaries to all six medical schools every year to assist students in taking up elective programmes.

Recipients will be chosen by the Dean of Medicine, or his/her designate, under guidelines established by the Association. These include such factors as academic validity of the learning experience, location as indicated below, adequate academic achievement, and need for assistance.

REQUIREMENTS:

1. Electives may be to an underserved area in Ontario, an underserved area in Canada, or to a developing country. Priority will be given to applications for an underserved area in Ontario as defined by the Ministry of Health.
2. Students must be OMA members (please contact the OMA Membership Department for more information on how to become a member) and can apply only for one bursary.
3. The minimum length of an acceptable elective should be four weeks.
4. Copies of the required electives reports should be addressed to the attention of Catherine Nanckoo, Manager, Ontario Medical Foundation.
5. All applications must be signed by the Dean of Medicine or his/her Designate.

Completed applications should be sent to:

Catherine Nanckoo, Manager

Phone: (416) 340.2985

Catherine.nanckoo@oma.org



Elective Bursary Application Form

Last Name:	First Name:
University:	Year of Study:
Student Number:	OMA #:
Email:	Contact Number:
Complete Address:	

A. DETAILS OF PROPOSED ELECTIVE

Please describe the details of your proposed elective in the space below (location, dates, etc).



B. FINANCIAL INFORMATION

Please indicate your expenses as well as your financial resources and/or any financial support you receive.

1. EXPENSES	
Transportation	\$
Accommodation	\$
Meals, etc.	\$
Other – Itemize	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

2. FINANCIAL RESOURCES	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL FINANCIAL RESOURCES	\$

A. SIGNATURES

Please ensure your application is signed by a representative from your University’s Student Awards Office and by your University Dean or Designate before submitting to the Ontario Medical Foundation.

Applicant Signature:	Date:
Student Awards Office Representative Signature:	Date:
Dean of Medicine or Designate Signature:	Date: