

## Dr. Harrison Waddington Fellowship in Family and Community Medicine Application Form

A. APPLICANT INFORMATION		
First Name:	Last Name:	Initials:
U of T Student Number:	Email Address:	Telephone:
Home Address:		Unit/Apt.:
City:	Province:	Postal Code:

B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)		
U OF T Graduate Department:	Type of Degree Program <input type="checkbox"/> Masters <input type="checkbox"/> PhD	
Name of Degree Program:	Year of Study:	
Graduate Coordinator Name:	Email Address:	Telephone:

C. APPLICATION ATTACHMENTS	
<b>Description of Education Scholarship Project</b> Up to three pages, 12 pt. Arial font, single spaced	<input type="checkbox"/> YES
<b>Curriculum Vitae</b>	<input type="checkbox"/> YES
<b>Transcripts</b> First year Masters students – attach transcript for 4 <sup>th</sup> year undergraduate degree Current Masters or PhD students – attach transcript for the current degree program	<input type="checkbox"/> YES
<b>Letter of Recommendation</b> Attach letter of recommendation of support	<input type="checkbox"/> YES

D. DECLARATION		
I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.		
Student Name (printed)	Student Signature	Date
Supervisor Name (printed)	Supervisor Signature	Date

*The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.*