

(Please Print)

Last Name: _____ **First Name:** _____

Employee's Unit: _____

(Please Print)

Last Name: _____ **First Name:** _____

Address: _____

Street & Number

City

Province/State

Postal Code/Zip Code

Phone Number: () _____ *(For Income Tax Purposes)* **SIN:** _____

Relationship to Employee (Please check one of the following):

Spouse is a legal spouse or common-law spouse or partner

Dependent Children are natural, step, common-law or adopted children or wards under 25 years of age as of August 31st in any year.

Spouse/Dependant Date of Birth: _____

dd/mm/yy

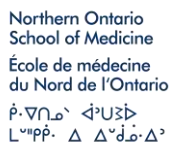
I am applying for a tuition scholarship. I have read the attached information and certify that all of above information is true and correct.

Employee Signature

Date _____

Please return the completed application form and previous year's official transcripts (2013/14) to: The Student Scholarship Awards Committee, c/o Kim Gunn, Human Resources, Northern Ontario School of Medicine at Lakehead University NO LATER THAN AUGUST 31, 2014.

Please have your depend request an official transcript (2013/14) indicating the courses that they are currently enrolled in from their university or college and have it sent to: Kim Gunn, Human Resources, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1. Official Transcripts should be received by Human Resources NO LATER THAN OCTOBER 18, 2014.



APPLICANT CHECKLIST

The following must be submitted by the deadline in order for your application to be evaluated:

	Item	Deadline
<input type="checkbox"/>	Completed Application Form	August 31, 2014
<input type="checkbox"/>	Previous year's transcript (2012/13)	August 31, 2014
<input type="checkbox"/>	Current year's proof of registration (2014/15)	October 14, 2014

Should you have any questions regarding the above documents, please contact Kim Gunn, Faculty Relations Officer at (807) 766-7440 or kim.gunn@nosm.ca .