

## PHIL BURCHELL MDT DIPLOMA SCHOLARSHIP

## Dear Scholarship Applicant:

Please complete the application form below. In order for the application to be considered all the information requested must be provided on the application form.

**DEADLINE**: The annual deadline for accepting applications is 31 May.

This application should be submitted along with a current copy of your resume, proof of Canadian residency (Canadian Birth Certificate, Canadian Citizenship Card or Permanent Resident Card), a copy of your professional licence, a cover letter outlining your academic and professional goals, and a letter of reference/support from an employer or Credentialed/Diploma colleague.

Last Name:	First Name:	
Home Address:		
City:	_Province:	Postal Code:
Profession:	_Licence Number:	Year Licence Obtained:
Current Place of Employment:		
Address:		
City:	_Province:	Postal Code:
Duration of Employment at Current Locatio	n: Start Date: (YYYY,	/MM)
Do you give MIC permission to verify your o	current employment status? Yes $\Box$ No $\Box$	Initial
Have you been accepted into the Diploma	<b>Programme?</b> Yes $\square$ No $\square$ If yes, what is/v	vas your start date?
Have you resided in Canada for a minimun	n of two (2) years?	
Are you a Canadian Citizen?	No 🗆	
If you answered 'No' to the above question	, are you a Permanent Resident of Canada?	Yes $\square$ No $\square$
Have you ever been a recipient of the Phil E	Burchell MDT Diploma Scholarship? Yes	No $\square$ If so, in what year?

Applicant Check List - Documents Enclosed:  Completed Scholarship Application:  Proof of Canadian Residency:  Documentation Type:  Copy of Current Resume:  Copy of Professional Licence:  Cover Letter Outlining Academic & Professional Goals:	
Proof of Canadian Residency: Documentation Type:  Copy of Current Resume: Copy of Professional Licence:	
Copy of Current Resume:   Copy of Professional Licence:	
Copy of Professional Licence:	
Cover Letter Outlining Academic & Professional Goals:	
Reference or Letter of Support from an Employer or Other Credentialled/ Diploma Practitioner Colleague	
Signature of Applicant:Date Signed:	
Date applicant starts the Diploma Programme:Year applicant became Cert. MDT:	
Date of Last McKenzie Institute event attended:Type:	
Applicant Documents Received:	
Completed Scholarship Application:	
Proof of Canadian Residency: Documentation Type:	
Copy of Current Resume:	
Copy of Current Resume:   Copy of Professional Licence:	
Copy of Professional Licence:	