

PHIL BURCHELL MDT DIPLOMA SCHOLARSHIP



THE MCKENZIE
INSTITUTE®
CANADA

Dear Scholarship Applicant:

Please complete the application form below. 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 **30SEP**

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. PLEASE PRINT YOUR RESPONSES.

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Profession: _____

College Licence Number: _____ Year Licence Obtained: _____

Primary Place of Employment: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Duration of Employment at Current Location: Start Date: _____ (YYYY/MM)

Do you give MIC permission to verify your current employment status? Yes No Please Initial _____

Have you been accepted into the Diploma Programme? Yes No If yes, what is/was your start date? _____

Have you resided in Canada for a minimum of two (2) years? Yes No Are you a Canadian Citizen? Yes No

If you answered 'No' to the above question, are you a Permanent Resident of Canada? Yes No

Have you ever been a recipient of the Phil Burchell MDT Diploma Scholarship? Yes No If yes, in what year? _____

Are you eligible for any provincial funding for higher education? Yes No If yes, how much? _____

Are you eligible for any educational funding from your employer? Yes No If yes, how much? _____

Are you applying for the MICanada Travel Bursary in addition to the scholarship funding? Yes No (see criteria)

I hereby certify that the information provided above is accurate. Applicant Signature _____

Applicant Check List - Documents Enclosed:

Completed Scholarship Application:

Proof of Canadian Residency: Documentation Type: _____

Copy of Current CV/ Resume: Copy of Professional Licence:

Cover Letter Detailing Academic & Professional Goals:

Reference or Letter of Support from an Employer or Other Credentialed/ Diploma Practitioner Colleague

Travel Bursary Projected Expense Report (**make calendar note to submit** if you meet the criteria, and you are granted the scholarship and once clinical date is confirmed).

Signature of Applicant: _____ Date Signed: _____

OFFICE USE ONLY:

Date applicant starts the Diploma Theoretical Component: _____ Year applicant became Cert. MDT: _____

Date of Last McKenzie Institute event attended: _____ Course Type: _____

Other considerations including applicant volunteer contributions to MICanada or Institute:

Travel Bursary Eligibility:

Criteria met: Yes No Notes: _____

Origin city distance to Montreal clinical Diploma site (klms): _____

Average advance purchase, restricted economy airfare from origin city to Montreal: _____

Applicant Documents Received:

Completed Scholarship Application:

Proof of Canadian Residency: Documentation Type: _____

Copy of Current CV/ Resume: Copy of Professional Licence:

Cover Letter Detailing Academic & Professional Goals:

Reference or Letter of Support from an Employer or Other Credentialed/ Diploma Practitioner Colleague

Travel Bursary Projected Expense Report (submission only once clinical date is confirmed):

Br.Executive Director: _____ Date Signed: _____