



Fondation Lampe Foundation

CFUW Sherbrooke & District
FCF DU Région de Sherbrooke



Lampe-Tillotson Physician Scholarship

APPLICATION FORM

Lampe Foundation CFUW Sherbrooke & District in partnership with Tillotson Coaticook Regional Fund offers a scholarship (\$5000) to a local medical student who intends to practice in the Eastern Townships after graduation. This scholarship is renewable. (maximum 4 years)

Priority will be given to students from MRC Coaticook, North Hatley, Stanstead, Ayers Cliff etc.

Preference to students enrolled in the Faculty of Medicine and Health Sciences at the University of Sherbrooke.

Members of the Club value mentoring and would like both to keep in touch with former winners and to encourage former winners to keep in touch with each other.

ELIGIBILITY CRITERIA

- Full-time student male or female
- Canadian citizen or permanent resident
- Financial need
- Bilingual
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This form should be completed, printed, signed and returned with relevant documentation **to:**

Lampe Foundation
145 rue des Roses
Ste Catherine de Hatley ,QC.
J0B 1W0

The following documentation should accompany the completed form:

1. Photocopy of latest transcript
2. Proof of acceptance in degree program
3. At least two sealed letters of reference from teachers or employers ,
4. Proof of Canadian citizenship or Permanent Resident Status. Photocopies are permitted

This scholarship is contingent upon the applicant providing proof of registration and remaining in an accredited university program.
 Decisions of the Scholarship Selection Committee are final.
 This form expands as necessary when completed on the computer.

All information will be treated in strictest confidence

Name
Present address
Years
Permanent address
Years
Telephone number: Cell phone number:
Email address

Canadian citizen _____ Permanent resident _____

Other Education

Institution	Diploma/ degree	Years

Please explain your professional goals.

Itemize your expenses for the next year (tuition, books, transportation, housing, childcare, etc.).

Total \$ _____

Indicate your sources of support (personal savings, part-time income, parents or relatives, spouse or partner, loans, bursaries, etc.).

Total \$ _____

Describe your community involvement past and present

Is there anything else you would like to tell us about yourself to help us select the successful applicant?

I certify that the information in this application is accurate and complete, to the best of my knowledge. If selected, I agree to have my name and place of study published on the CFUW Sherbrooke & District internet web site (cfuwsherbrooke.org), on Lampe Foundation website (www.lampefoundation.org) and on Lampe Foundation Facebook page. I further agree to work for two years in the Eastern Townships upon graduation. If I choose to work outside the Eastern Townships after graduation, I agree to reimburse the Lampe Foundation for the amount I received.

Signature _____ Date _____