



City of Thunder Bay Family Medicine Award

CITY OF THUNDER FAMILY MEDICINE AWARD

This award recognizes and rewards local students who are studying medicine in Canada and who plan to train as **family physicians** and **return to Thunder Bay to practice** upon the completion of their training.

VALUE

For 2015, there will be one award of \$5,000.00

APPLICATION CRITERIA

- * Proof of graduation from a Thunder Bay high school (if non-resident graduate, then parents must still reside in Thunder Bay)
 - * Proof of acceptance to or current enrolment in a recognized Canadian medical school and or recognized Family Medicine Residency Program
 - * One up to date copy of your medical school transcript
 - * Resume – exemplifying a “well rounded” individual
 - * Demonstrated financial need
 - * Letter indicating:
 - Reasons for studying medicine
 - Reason for applying for the award
 - Reason for wishing to practice family medicine in Thunder Bay upon completion of training
- This letter must not be longer than two 8 ½” x 11” letter sized sheets of paper. Minimum font size 10pt
- * Two reference letters verifying character and student need

APPLICATION

- * The City of Thunder Bay welcomes applications from learners in 2nd, 3rd or 4th year of undergraduate medical school, as well as residents in PGY1 or PGY2 Family Medicine

GUIDELINES

- * Successful applicants may not apply again
- * Unsuccessful applicants may reapply in subsequent years
- * Each award recipient must agree to have his/her name publicized. He/she must be prepared to

publicize the award as requested

* The amount and number of awards will be dependant upon available funds as approved by City Council

* **NOTE*** The Selection Committee will accept applications from any candidate who believes they meet the intent of the criteria, however, preference will be given to those applicants who satisfy all of the stipulated criteria

APPLICATION PROCEDURES

Application forms are available from the City of Thunder Bay, Community Services Office, Victoriaville Civic Centre, 111 South Syndicate Ave., or online at www.thunderbay.ca

Applications in full must be received no later than **JUNE 19, 2015**

The award will be dispersed in **August 2015** with a Public presentation to City Council at a later date

Mail completed application to:
City of Thunder Bay Family Medicine Award
c/o Brady Lucas
Community Services Department
Victoriaville Civic Centre
111 Syndicate Ave South
Thunder Bay, Ontario
P7E 6S4

Or Email to:

blucas@thunderbay.ca

APPLICATION DEADLINE

Applications must be received in full by:
JUNE 19, 2015

Further information about this award can be obtained by contacting the address above or:

Telephone: (807) 625-2247

Email: blucas@thunderbay.ca

Website: www.thunderbay.ca



CITY OF THUNDER BAY FAMILY MEDICINE AWARD

Last Name

First Name and Middle Initial

Current Mailing Address

Street address (include Apt or Box number)

Street Address

City

Province

Postal Code ()

Email Address

Phone Number

Thunder Bay Mailing Address

Street address (include Apt or Box number)

Street Address

THUNDER BAY

City

ON

Province

Postal Code

Medical School Attending

Year of Study

Graduation

HAVE YOU LIVED IN THUNDER BAY ALL YOUR LIFE?

Yes **OR** No \Rightarrow since ^{Month} ___ ^{Year} ___ \Rightarrow until ^{Month} ___ ^{Year} ___
(eg lived in Kingston for undergrad degree)

DO YOUR PARENTS RESIDE IN THUNDER BAY? YES NO

Have you applied for the Thunder Bay Award? Yes, what year? _____
 No

DECLARATION ON REVERSE MUST BE SIGNED

DECLARATION OF APPLICANT

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS, AND DECLARE THAT:

- i. All information provided is true and complete and I understand it is subject to audit;
- ii. I will be a full-time student at the institution named for the period stated;
- iii. I will immediately notify the City of Thunder Bay in writing if I withdraw from full-time studies before completing one semester of studies.

I UNDERSTAND AND AGREE THAT:

- i. My personal information pertaining to my post secondary academic enrolment status may be released for the purpose of determining my eligibility for an award
- ii. My personal information may be released and exchanged by and between the City of Thunder Bay and any provincial government departments, boards or institutions to verify the information I have provided to the City of Thunder Bay and for the use in research and statistical analysis in program evaluation.

I authorize the City of Thunder Bay to release my name, address, photograph and award value if I receive an award.

Signature (in ink)

Today's date (in ink)

**Don't forget to include the following:
(Your application may be delayed if information is missing)**

- ✓ Proof of graduation from a Thunder Bay high school
- ✓ Proof of acceptance to or current enrolment in a recognized Canadian Medical School and or Family Medicine Residency Program
- ✓ Resume
- ✓ YOUR letter of intent to practice Family Medicine in Thunder Bay
- ✓ TWO reference letters verifying character and student need
- ✓ Completed application form and Declaration of applicant

**DEADLINE: JUNE 19, 2015
APPLICATIONS MUST BE RECEIVED IN FULL**

The personal information is collected on this form under the authority of Section 33© of the Freedom of Information and Protection of Privacy Act, as being directly related to and necessary to determine your eligibility for an award. If you have any questions about the collection of this information please contact City of Thunder Bay Community Services Department, 111 Syndicate Ave South, Thunder Bay, ON P7E 6S4, Phone (807) 625-2351