



# 100<sup>th</sup> Anniversary Legacy Scholarship for Family Medicine- Student Award 2010

<b>100<sup>th</sup> ANNIVERSARY LEGACY SCHOLARSHIP FOR FAMILY MEDICAL STUDENT AWARD</b>	This award recognizes and rewards students who are studying medicine in Canada and who plan to train as family physicians and who may consider Sarnia Lambton as a place to practice upon the completion of their training.
<b>VALUE</b>	For 2010 there may be one or more: ❖ <b>Level 1 Award of \$2000</b> ❖ <b>Level 2 Award of \$3000</b> ❖ <b>Level 3 Award of \$5000.</b>
<b>APPLICATION CRITERIA</b>	<ul style="list-style-type: none"> <li>❖ Attach proof of acceptance to or current enrolment in a recognized Canadian medical school, or a family medicine residency program (include what year and completion date).</li> <li>❖ A copy of your most recent medical school transcript</li> <li>❖ Resume – exemplifying a “well rounded” individual</li> <li>❖ Two reference letters verifying character and how long known</li> <li>❖ Letter of intent indicating: Reasons for studying medicine and family medicine in particular Reason for applying for the award What would you expect/what are you looking for in a family medicine practice?</li> </ul> <p>This letter must not be longer than two 8 ½” x 11’ letter sized sheet of paper. Minimum font size 10pt</p>
<b>APPLICATION GUIDELINES</b>	<ul style="list-style-type: none"> <li>❖ Level 1 – those entering final year of a medicine program</li> <li>❖ Level 2 – those entering 1<sup>st</sup> year family medicine</li> <li>❖ Level 3 – those entering 2<sup>nd</sup> year of family medicine</li> <li>❖ Successful applicants may apply again</li> <li>❖ Unsuccessful applications may reapply in a subsequent year</li> <li>❖ The amount and number of awards will be dependant upon available funds as approved by awards committee</li> </ul>
<b>APPLICATION PROCEDURES</b>	<p>Application forms are available from Sarnia Lambton Chamber of Commerce, 556 N Christina Street, or on line at <a href="http://www.sarnialambtonchamber.com">www.sarnialambtonchamber.com</a> or <a href="http://www.doctors4sarnialambton.com">www.doctors4sarnialambton.com</a></p> <p>The award will be dispersed before <b>September 2010</b> with a Public presentation at Sarnia Lambton Chamber of Commerce in <b>Fall 2010</b></p> <p>Mail completed applications to: Sarnia Lambton Chamber of Commerce, 556 Christina St N, Sarnia, ON N7T 5W6</p>
<b>APPLICATION DEADLINE</b>	Applications must be received in full by: <b>February 12, 2010</b> Electronic applications <b>WILL NOT</b> be accepted.

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

Telephone: (519)336-2400  
Email: [info@sarnialambtonchamber.com](mailto:info@sarnialambtonchamber.com)  
Website: [www.sarnialambtonchamber.com](http://www.sarnialambtonchamber.com)



**100<sup>th</sup> Anniversary Legacy Scholarship for Family Medicine Student  
Application Form**

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Last Name

First Name and Middle Initial

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Medical School Attending

Year of Study

Graduation

**Current Mailing Address**

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Street address (include Apt or box number)

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City

Province

Postal Code

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Email Address

Telephone Number

**Sarnia Lambton Mailing Address (if any)**

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Street address(include Apt or box number)

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City

Province

Postal Code

DO YOU LIVE IN SARNIA LAMBTON?

Yes OR  No if Yes, how long? \_\_\_\_\_

DO YOUR PARENTS RESIDE IN SARNIA LAMBTON?

YES

NO

## 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 Sarnia Lambton Chamber of Commerce 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 Sarnia Lambton Chamber of Commerce and any provincial government departments, boards or institutions to verify the information I have provided to the Sarnia Lambton Chamber of Commerce and for the use in research and statistical analysis in program evaluation.
- iii. A return of service commitment is required to be eligible for this award. **Subject to availability**, the return for service commitments would be: Level 1, 2, 3 - tour of Sarnia Lambton community; Level 2, 3 - residency/elective in Sarnia Lambton, considering/intending to practice in Sarnia Lambton on graduation. Substitution may be acceptable to the awards committee and will be dealt with on an individual basis.

**I authorize the Sarnia Lambton Chamber of Commerce to release my name, address, photograph and award value if I receive an award.**

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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 acceptance to or current enrolment in a recognized Canadian Medical School
- Resume
- YOUR letter of intent
- TWO reference letters verifying character and student need
- Completed application form and Declaration of applicant

**DEADLINE: FEBRUARY 12, 2010**

**APPLICATIONS MUST BE RECEIVED IN FULL**

**ELECTRONIC APPLICATIONS WILL NOT BE ACCEPTED**

The personal information is collected on this form under the authority of Section 33C of the Freedom of Information and Protection of Privacy Act, as being directly related to and necessary to determine your eligibility of an award. If you have any questions about the collection of this information please contact Sarnia Lambton Chamber of Commerce, 556 N Christina Street, Sarnia, ON N7T 5W6, Phone: (519)336-2400.