

Name of Institution/ Location	Faculty	Year of Program Completed	Month of Program Completed	Degree Held

F. Will you be in clerkship in 2023? Yes No

G. ONE-PAGE BIOGRAPHY

On one sheet of paper, outline the reasons you are going to pursue a career in rural medicine. Attach the biography to this application.

H. SUMMARY OF RURAL EXPERIENCE

On a separate sheet of paper, provide a detailed description of your rural experience, (i.e., shadowing, rural rotations, and volunteer experience). NOTE: Provide details about your shadowing experience, including duration, location, and preceptor’s name.

I. EXTRA-CURRICULAR ACTIVITIES

List below, all university, community, and personal activities you have participated in during your past year of studies. Please identify any positions that are paid positions. Describe the time commitment and involvement, as well as any executive positions you held. List any honors or achievements you have attained in areas such as sports, arts, etc.

Activity	Time Commitment Hours per month	Time Commitment Number of months

J. FINANCIAL INFORMATION

The following financial information must be supplied if you are to be considered for this scholarship.

1. Marital status: Single, divorce, widow(er) Married or common law

Number of dependent children _____ Ages _____

Are they residing with you? Yes No

2. If you are married or in a common-law relationship, or intending to marry or live common-law in the upcoming year:

What is your partner's yearly income? \$ _____

If partner is a student, indicate program of studies and their net monthly earnings:

Program: _____

Summer \$ _____ During school year \$ _____

3. Anticipated income this year (including any income earned during the summer break):

\$ _____

4. Did you apply for a student loan for the upcoming year? Yes No

Province _____ Amount received \$ _____

If you are married, does your spouse have a student loan? Yes No

If yes, specify outstanding amount: \$ _____

If making payments, specify amount: \$ _____

6. Did you receive funds from your parents last year? Yes No Amount \$ _____

7. Are you able to receive funds from your parents this year? Yes No Amount \$ _____

Explain:

8. Current value of your (and your partner's) assets. (MUST BE COMPLETED OR MARKED NIL)

HOUSE \$ _____ \$ _____ _____ \$ _____
Value Amount Owing Date of Purchase Monthly Mortgage Payment

VEHICLE \$ _____ \$ _____ _____ \$ _____
Value Amount Owing Date of Purchase Monthly Payment

INVESTMENTS e.g. GICs, Bonds, Stocks, Trust Accounts, Mutual Funds, Pensions (*Identify those in an RRSP*)

a. _____ b. _____ c. _____ d. _____
Type Type Type Type

9. Complete the budget (below) for the coming academic year, beginning in September.

If married or living common-law, the budget should be for the whole family (explain any extenuating circumstances in the space provided).

<u>EXPENSES</u>	<u>RESOURCES</u>
Tuition and fees \$ _____	Savings at start of academic year, including investments, etc. \$ _____
Books and supplies \$ _____	Your expected part-time earnings during the academic year (do not include any stipend) \$ _____
Where do you plan on living while attending university? Parents' home University housing Other	Stipend \$ _____ Investments (specify) \$ _____
Estimate living costs (including food, rent, transportation, utilities, clothing, and personal expenses) \$ _____/month x _____ months = \$ _____ for the year	Scholarships/bursaries (only those confirmed) Specify _____ \$ _____
Childcare \$ _____/month x _____ months = \$ _____ for the year	(Net earnings during academic year) Contribution from your parents \$ _____ Contribution from your spouse \$ _____
Other expenses (specify with amounts) _____ \$ _____ _____ \$ _____ _____ \$ _____	Other income (specify) _____ \$ _____ _____ \$ _____
TOTAL EXPENSES \$ _____	TOTAL RESOURCES \$ _____
TOTAL EXPENSES \$ _____ minus TOTAL RESOURCES \$ _____ = SHORTFALL \$ _____	

10. How do you expect to meet any budget shortfall?

11. Additional comments.

DECLARATION/SIGNATURE (THIS SECTION MUST BE COMPLETED BY ALL STUDENTS.)

This information is collected under the *Personal Information Protection Act* and *Income Tax Act*. It is required to determine your eligibility for awards. If you have any questions about the collection or use of this information, please contact smpres@albertadoctors.org.

DECLARATION OF APPLICANT

I have read the instructions and hereby make application for the Tarrant Scholarship, and I declare:

- a) That, by applying for the Tarrant Scholarship, I am consenting to the Section of Rural Medicine and Alberta Medical Association's collection, use, and disclosure of my personal information for the Tarrant Scholarship.
- b) In the event that I receive an award and in order to recognize my achievement, pertinent information may be released to award donors, high schools, provincial funding bodies, university faculty, and administrative and public news agencies. Specific information may be used for university and Alberta Medical Association Section of Rural Medicine promotional purposes.

Signature _____ Date _____

Please email your completed application or send any questions about the scholarship or application to: smpres@albertadoctors.org.

Please ensure your current address on the form is correct.

Application deadline: June 1, 2023