Scholarship Application

2017/18

Daughters For Life FOUNDATION

For Office use only

Unique Ref. No:

APPLICANT DETAILS

Personal Details

First Name:

Last Name:

Date of Birth:

Nationality:

Contact Information

Street Address:

City:

Country:

Home Phone Number:

Mobile Phone Number:

Email Address:

EXPERIENCE

Current Position

Position:

Organization:

Date Started (MM-YY):

Address:

EDUCATION HISTORY *continued*

University/ College

Please include details of any Universities/ Colleges you have previously attended, starting with the most recent:

1. University/ College Name:

City: Country:

Program of Study: Degree:

Cumulative GPA: Date of Completion:

2. University/ College Name:

City: Country:

Program of Study: Degree:

Cumulative GPA: Date of Completion:

3. University/ College Name:

City: Country:

Program of Study: Degree:

Cumulative GPA: Date of Completion:

SHORT ANSWER ESSAY QUESTIONS

Please use your own words to write responses of no more than 400 words to each of the questions below. Your answers should demonstrate your compassion, your creativity and your motivation, and should refer to specific examples.

Question 1: Explain how you have managed to succeed in your life despite having to face and overcome hardship.

Use examples to demonstrate your creativity in doing this.

SHORT ANSWER ESSAY QUESTIONS *continued*

Question 2: Explain how being awarded this scholarship would help you to contribute to improving the lives of girls and women in the Middle East.

Use examples to demonstrate what motivates you to do this.

REFERENCES

Your application must be supported by three letters of support.

Your referees must complete the reference form and return it by email to apply@daughtersforlife.com by the closing date, using the subject of the email *Reference for* and include your name.

For our reference, please provide details of the three referees who will be supporting your application.

Details of Referee 1

First Name: Last Name:

Affiliation to referee:

Position: Department:

Institution: Email Address:

Contact Phone Number:

Details of Referee 2

First Name: Last Name:

Affiliation to referee:

Position: Department:

Institution: Email Address:

Contact Phone Number:

Details of Referee 3

First Name: Last Name:

Affiliation to referee:

Position: Department:

Institution: Email Address:

Contact Phone Number:

Financial Needs Analysis

This information will not be made public and will only be used by the Daughters for Life Foundation to help select scholarship recipients.

However, you should fill in the form below as completely and accurately as possible, referring to official documentation as you may be required to provide evidence of the information you provide in this section in the future.

Please tell us your local currency:
You should use your local currency when answering all questions in this section

1. Current Financial Support

Please tell us about any sources of funding for your current position, or any position (clinical, research or educational) you have received in the last 12 months
If you have not received any in the last 12 months, please leave this blank

i. Do/ did you receive any other scholarships, grants or outside financial assistance?

Yes **No**

ii. If yes, how much do/ did you receive?

2. Dependents

Please include details of all dependents (children and spouse) in your family ***not*** including yourself - if they are more than 4, please give details of these in section 8, ***Other Household***

Members		**1**	**2**	**3**	**4**
i.	**Forename**				
ii.	**Date of Birth**				
iii.	**Name of School or College, if any**				
iv.	**Cost of School or College fees for the year, if any**				
v.	**Total amount received to support** For fees and other school costs, if any (e.g. from grants, scholarships, relatives, charities)				
vi.	**Income** Any funds brought into the household (e.g. through work)				

3. Household Income

Please tell us about any earners in your household. If there are more than 2, please give details of these in section 8, ***Other Household Members.*** If any section is not applicable, please leave it blank

		Earner 1 (Applicant)		Earner 2	
i.	**Name**				
		Actual 2015	Estimated 2016	Actual 2015	Estimated 2016
ii.	**Net Salary** Amount of money earned from working after deducting taxes and social insurance, including bonuses, incentives and profit shares				
iii.	**Net Pension** After deducting taxes				
iv.	**Maintenance Payments** Any funds provided from a parent, guardian or relative who does not live in your household				
v.	**Net Rental Profit** Any funds earned from renting out a property(ies)				
vi.	**Net Profit on any Bank Accounts** Any interest made from savings or bank accounts				
vii.	**Any other income** Not included in i. – vi. – please detail amount and source				
viii	**Total Income** Sum of ii. – vii.				

4. Savings

Please complete all sections that apply to the parents in your household

		Earner 1 (Applicant)	Earner 2
i.	**Total Savings** Total amount of funds in bank and savings accounts		
ii.	Please explain if and why these funds cannot be used to pay for your university/ college attendance		

5. Outgoings

Please complete all sections that apply to your household

		Actual 2015	Estimated 2016
i.	**Rental Payments** Total amount spent on renting out your home for the year		
ii.	**Loan Repayments** Total amount spent on repaying any loans for the year		
iii.	**Medical Costs** Total amount spent on medical costs		
v.	**Maintenance Payments** Any funds paid to a dependent(s) who does not live in your household		
vi.	**Any other outgoings** Not included in i. – v. – please detail amount and reason		
vii.	**Total Outgoings** Sum of i. – vi.		

Financial Needs Analysis *continued*

5. Other Household members

Please tell us about any other dependents or members of your household ***not already mentioned*** and any costs and/ or income they spend/ earn (e.g. grandparents, children *other* than the four described above, your husband if you are married)

	Outgoings		Income	
Name	**Amount**	**Source**	**Amount**	**Source**

Declaration

As an applicant you must meet the CPSO's requirements for licensure as a clinical fellow, and you must also qualify for a working visa for Canada, although you will only be required to apply for these if you are successful. Please tick this box to confirm you have read, understood and meet the current requirements for the CPSO and the Canadian work visa: ☐

Find more information on U of T's website: http://pg.postmd.utoronto.ca/applicants/apply-for-fellowship-training/

I certify that the above information is complete and accurate as of the date of signing. I acknowledge and understand that providing misleading, incomplete or inaccurate responses in any part of this application may disqualify me from being approved and/or continuing with a scholarship under this programme.

Signed: Date: