



FONDATION DE
L'HÔPITAL
ST. MARY

ST. MARY'S
HOSPITAL
FOUNDATION

Girls for the CURE

www.stmaryshospitalfoundation.ca/gfc



Girls for the Cure Student Scholarship 2011 Application Form

** Application package and materials available on-line
at www.stmaryshospitalfoundation.ca/gfc **

Name:					
Address:					
City:		Province:		Postal Code:	
Email:					
Home Phone Number:			Cellular Number:		
Name of Participating GFC School Attended/Attending:					
Graduation Year:					
Are you currently pursuing post-secondary studies? If, yes, please provide the Name of the school or Institute and program of study.					
Have you participated in the GFC annual walk?			<input type="checkbox"/> No <input type="checkbox"/> yes		If yes, year(s):
<p>Community Service Profile</p> <p>In the space provided below, please list your committee participation, community involvement, extra curricular, work experience (where applicable) and other information you feel is important. Each section is limited to 500 characters (approximately 100 words). Include committee names, dates and locations where possible.</p>					
Leadership Roles:					
Committee Participation:					
Community Involvement (including volunteer experience):					
Extracurricular Activities (including sports, arts, cultural and leisure):					
Work Experience (if applicable):					



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Other Information you Feel is Important:			
Letter of Intent (Instructions)	(Separate document - addressed to 2011 GFC Student Scholarship Selection Committee) Letter of intent must outline the goal of your studies/project/conference attendance and include relevant dates and/or locations. Briefly describe the benefits and opportunities that this funding will provide you and how it will impact you as an individual, your family, your school and your community where applicable. Outline what you intend to do and achieve with the results of your studies/project/conference attendance and how you intend to incorporate this knowledge into your future personal and professional life and career goals. Your letter of intent must be between 750 to 1000 words typed in MS Word format, double spaced, 12 pt font.		
Video Clip (Instructions)	Your video clip must outline the goal of your studies/project/conference attendance and include relevant dates and/or locations. Briefly describe the benefits and opportunities that this funding will provide you and how it will impact you as an individual, your family, your school and your community where applicable. Your video clip must be 3 to 5 minutes in length. When submitting a video clip, please submit the original with three copies.		
Detailed Budget:	(Separate document) Outline what these funds will be used for and list your anticipated expenses.		
I hereby declare that all information given above is complete and true in every respect, and that I have answered all questions applicable to me on this form. If under 18, this Application Form must be signed by a parent or legal guardian.			
Applicant's Signature:	<input type="text"/>	Date:	<input type="text"/>
Parent's Name:	<input type="text"/>		
Parent's Signature:	<input type="text"/>	Date:	<input type="text"/>

Deadline:

The original plus SIX photocopies of your completed, signed application (and all attachments) must be received at the Foundation by Friday, October 28, 2011 at 12:00 (noon) Eastern Standard Time.

The Girls for the Cure
St. Mary's Hospital Foundation
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