

Chinese Canadian Medical Society BC

*C/o Dr. Jen Z. Yu
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APPLICATION FOR C.C.M.S. (B.C.) SCHOLARSHIP

Name of Applicant: S.I.N.:
Birth Date: Sex:
Current Address: Phone:
Mailing Address: Phone:

CCMS (BC) Sponsor:

Length of Membership:

EDUCATION RECORD:

Secondary Education	Year
Post-Secondary Institution (1)	Year
(2)	Year

Current Program Enrolled:

Extracurricular Interests/Awards:

PLEASE RETURN THE COMPLETED APPLICATION TO THE FOUNDATION ALONG WITH THE FOLLOWING:

1. Transcript of academic record for the past year.
2. Reference letters from two unrelated individuals.
3. Brief account of yourself and why you should be the recipient of the scholarship (maximum 2 typed pages).