

Application Form for Dr. Joseph Foohey Family Medicine Residency Bursary

Dr. Joseph Foohey is one of the most respected family doctors to practice in the Upper Ottawa Valley. Dr. Foohey has practiced medicine for more than five decades, serving thousands of patients and becoming an extraordinary role model for new family doctors.

To recognize Dr. Foohey's commitment to the people of the Upper Ottawa Valley, the Upper Ottawa Valley Medical Recruitment Committee has established the Dr. Joseph Foohey Family Medicine Residency Bursary. The committee will award one \$3,000 bursary to assist a doctor in the **family medicine residency program** with the cost of their educational expenses. While this bursary is open to all **family medicine residents** who are pursuing a career in family medicine, priority will be given to applicants who are planning to establish a family practice in one of the communities served by the Upper Ottawa Valley Medical Recruitment Committee: The City of Pembroke, the Town of Petawawa, the Algonquins of Pikwàkanagàn First Nation, the Township of Bonnechere Valley, the Township of Laurentian Valley, North Algona Wilberforce Township and the Township of Whitewater Region.

~ ~ SECTION 1 ~ ~

PERSONAL INFORMATION:

FIRST NAME: _____ LAST NAME: _____

APT #: _____ STREET: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

HOME TOWN: _____

EDUCATIONAL INFORMATION:

1. In what year of your university program are you currently enrolled in? _____

2. Please indicate the school and major of your undergraduate degree: _____

3. At what school are you currently studying medicine at? _____

4. Upon graduation from medical school, are you planning to work as a family doctor?

YES No

5. Have you completed a family practice residency or workplace experience in the Upper Ottawa Valley?

YES No

If yes, in what community? _____

TURN OVER APPLICATION ...

~~ SECTION 2 ~~

EDUCATIONAL COSTS:

In order to award this bursary, the selection committee must confirm residents have a financial need. This means your educational expenses must exceed your ability to pay for your education. Please provide us with an estimate of your educational costs versus your total resources:

Expenses:

1. Tuition Costs Per Year	\$ _____
2. Book Costs Per Year	\$ _____
3. Housing Costs Per Year	\$ _____
4. Student Loan Per Year	\$ _____
5. Other Educational Costs:	\$ _____
TOTAL	\$ _____

Resources:

1. Employment Income in the Past Year:	\$ _____
2. Parents' Assistance in the Past Year:	\$ _____
3. Bursaries / Scholarship You Have Received in the Past Year:	\$ _____
TOTAL	\$ _____

~~ SECTION 3 ~~

Please write a short summary (no more than 500 words) on your career aspirations as a doctor and attach it to this application form. Please note the selection committee will weigh more heavily applicants who intend on **practicing family medicine in one of the above identified communities represented by the UOVMRC.**

~~ SECTION 4 ~~

Please submit a reference letter with your application from a member of the medical community, preferably a family doctor, who will support your career goal to practice family medicine.

SIGNATURE: _____ **DATE:** _____

By submitting this application for the Dr. Joseph Foohey Family Medicine Residency Bursary, I agree to allow, in the event that I am selected, the Upper Ottawa Valley Medical Recruitment Committee to release my name to the media as a recipient of this generous award.

SUBMISSION:

Your application should be submitted to the Upper Ottawa Valley Medical Recruitment Committee, ATTN: Dr. Joseph Foohey Family Medicine Residency Bursary Program Selection Committee, c/o Upper Ottawa Valley Medical Recruitment Committee, Box 641, Pembroke, ON K8A 6X9 **no later than: April 15, 2011.**