**First Name:** Enter your First Name

**Last Name:** Enter your Last Name

**Email Address:**  Enter your Email Address

**Program/Stream:** Choose an item.

**Residency Level**: Choose an item.

**Please indicate the award(s) you are applying for:**

Elliot Lake Retirement Living PG Awards *[B2022-1a]*

Manitoulin Transport PG Award *[B2022-2a & 2b]*

Tina Sartoretto Memorial Post Graduate Award  *[B2022-3a]*

Kenora Weyerhaeuser Timber Stand plant Award *[B2022-4a]*

**A separate written response is required for each application.**

Please provide detailed, written (typed) responses in the space on the following page. The responses to the questions **MUST NOT** exceed the page provided.

Please submit your completed application form to [familymed@nosm.ca](mailto:familymed@nosm.ca) no later than, Monday, August 15, 2022 at 4:00 pm EST.

By submitting this application, I declare and authorize the following:

The information provided on this application is, to my knowledge, true, accurate and complete. I understand that should this application be untrue, incomplete, or inaccurate in any way, I could be disqualified from NOSM University award considerations now or in the future.

I authorize this application to be made available to the FMAB Awards Committee for consideration of an award.

Should I receive a NOSM University award, I agree to have certain biographical information released to the donor(s) of the award.

If I am the recipient of a NOSM University award, I give NOSM University permission to publish my name, the name of the award I received, my program, year of study, and any other information relevant to the award in donor reports. If you do not wish publication of your receipt of an award, please send written notice with your application stating you do not want your information published.

I agree to write a letter of appreciation to the donor(s) of the award. NOSM University will provide me with the mechanisms and templates of how to communicate with the donor.

I understand that this form is collected under the authority of NOSM University, as the Faculty of Medicine. It will be used to determine eligibility for a NOSM University award, for statistical reports for planning and administration, and to promote the availability of awards.

**Privacy Information**

Personal information may be disclosed to ministries and agencies of the Ontario Government and the Government of Canada as required by statute or regulation, for example, to the Canada Revenue Agency via T4A slips.

We respect your privacy, and at all times, your information is protected in accordance with the Freedom of information and Protection of Privacy Act.

Direct any questions regarding the collection and use of this information to Grace Vita at gvita@nosm.ca.

**Q1: Why did you choose NOSM for your residency? Why did you choose your Stream?**

**Q2: How will this award support you during your residency?**