



To be completed and returned to:
Financial Aid
Bursaries@nosm.ca

**FINAL YEAR MEDICAL STUDENT
BURSARY 2023-2024 APPLICATION FORM**

The Final Year Medical Student Bursary provides a bursary of \$9,000 paid in quarterly disbursements (\$2,250/quarter) to eligible students in their final 12 months of study in an Ontario school of medicine.

Name: _____ E-mail: _____
(Last name, First name)
Address: _____ Phone: _____

NOSM ID: _____

NOTE: A T4-A form for income tax purposes will be available to you, in February of the year following the payment.

Payment will be made via PayMyTuition

DUE DATE: Please return completed application form by Sep 1, 2023

DECLARATIONS AND CONSENT:

I declare that I am in the final year of my program at NOSM University

I promise to repay the NOSM University for any funds advanced under this program should I fail to complete my final year.

I hereby consent to NOSM University collecting and using pertinent information as shown above and disclosing such collected information to NOSM University for the purpose of program administration, reporting and audit. I also consent to the fact that my school will provide information relating to changes of personal information and program status. All the information gathered will be maintained in strict confidence in accordance with NOSM's Privacy Policy.

I hereby consent to the Ministry of Health and Long-Term Care collecting and using pertinent information relating to my participation in the bursary program and disclosing such collected information to the NOSM University, for the purpose of the ongoing review of the program, as required.

Date: _____ Applicant's Signature: _____

PLEASE NOTE: Military Personnel are not eligible for this program – Reference CFO 9-62

NOTE for OSAP Applicants: If you are applying for OSAP assistance, please do not include the value of this bursary as income in Section G of the OSAP Application. The Financial Aid Officer at NOSM University, will report these funds to the Ministry of Training, Colleges and Universities, to ensure that it does not restrict your eligibility for further OSAP assistance.

In order to participate, you must sign this application form.

Applicant's Signature