

POSTGRADUATE MEDICAL EDUCATION BURSARY APPLICATION



The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by Postgraduate Medical Education to assess your eligibility for need-based financial assistance. Information about award recipients may be provided to donors who sponsor specific awards or to University departments who have contact with these donors. For more information, please contact Postgraduate Medical Education, Faculty of Health Sciences, Queen's University.

Definition

A bursary is a non-repayable grant. Financial need is the prime consideration in the selection of bursary recipients.

Eligibility

Applicants must be registered in a residency program at Queen's University and must be Canadian citizens or permanent residents. Financial need is based on resident and partner (if applicable) income, the number of dependents in the family (if applicable), total debt, and the applicant's assets, including savings.

Deadline

The application deadline is January 31st, 2019.

Notification

All applicants will be notified of bursary decisions by March 15th, 2019

Value

[William E. O'Hara](#)

[Postgraduate Bursary:](#)

This award is available to all residents (CMGs and IMGs); the value is variable according to the demonstrated financial need of the applicant.

[Dr. Katherine M. Detre Award:](#)

This award is available to all International Medical Graduates; the value is variable according to the demonstrated financial need of the applicant.

Submitting Application options:

Email: pgme@queensu.ca

Fax: 613-533-2132

Or

Mail:

Postgraduate Medical Education, Queen's University
70 Barrie Street
Kingston, Ontario K7L 3N6

Questions or Comments

Barbara Davison

barbara.davison@queensu.ca

Phone: 613-533-2543

APPLICANT INFORMATION	
NAME	
ADDRESS	
PHONE	
EMAIL	
PROGRAM & LEVEL	

BURSARY INFORMATION	
I am applying for	<input type="radio"/> William E. O'Hara Postgraduate Bursary and/or <input type="radio"/> Dr. Katherine M. Detre Award

FINANCIAL RESOURCES & ASSETS	
Gross annual income	\$
Spouse/Partner's gross annual income (if applicable) Occupation_____	\$
Accumulated Savings	\$
Gross market value of vehicle(s)	\$
Combined total value of trust funds/investments	\$
Registered Retirement Savings Plan (RRSPs)	\$
Do you own your home?	Yes No
Market value of home (if applicable)	\$
Other Assets (eg. parental support)	\$
Total	\$

DEBT INFORMATION	
Government Student Loans	\$
Bank/Line of Credit/Other Loans	\$
Annual mortgage/rental payment	\$
Mortgage total	\$
Other debt (Please specify)	\$
Total	\$

DEPENDENT INFORMATION

NUMBER OF CHILD(REN): _____ AGE(S) _____ ARE CHILD(REN) LIVING WITH YOU? _____
NUMBER OF DEPENDANTS: _____ AGE(S) _____ ARE DEPENDENTS LIVING WITH YOU? _____

STATEMENT OF NEED**NOTES**

Dependent children are pre-school children and children attending elementary or high school who are less than 16 years of age. Children 16 years of age or older either must be full-time students in high school or post-secondary students, or must have a disability to be considered dependent children. Dependent(s) can also be a parent or grandparent of you or your spouse who are financially supported by your household.

SIGNATURE(S)

I certify that the partner information as provided in this application is true in every aspect. I may be asked to provide a copy of my most recent Income Tax Assessment prior to the disbursement of the bursary or award.

Signature of partner (if applicable)

Date

I understand that if I receive a bursary or award the information may be subject to verification. I may be asked to provide a copy of my most recent Income Tax Assessment prior to the disbursement of the bursary or award. I certify that this application presents an accurate outline of my financial position and personal history. I am aware that should any inconsistencies come to light, I may be required to repay all or part of any bursary or award received.

Signature

Date