

SCHOOL OF HEALTH INFORMATION SCIENCE JAMES COWARD MEMORIAL AWARD

Application Form

Students must submit applications electronically to his@uvic.ca by June 30.

UVic Student Number: _____
Name: _____
Address: _____

Email: _____

I wish to apply for the James Coward Memorial Award. Completion of this signed application permits the School of Health Information Science to release the attached material including my transcript to the James Coward Memorial Award Selection Committee for review. Should I be granted the award, I agree to the release of my name, city of residence and photograph for publicity purposes.

To be considered for this award, you must be a fully admitted student in good standing in the School of Health Information Science.

All applicants must supply the following information:

1. Which co-op work term placement the support is for;
2. Start and end dates of work term; and,
3. A statement of rationale as to why this particular co-op work term is important to their career plans.

Signature

Date