

DR. KEN AND BARBARA THORNTON 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 Dr. Ken and Barbara Thornton Memorial Award.

By signing this form, I give permission to the School of Health Information Science to release the attached material, including financial information contained in it and my transcript to the Kenneth and Barbara Thornton Award Selection Committee for review.

I am a resident of British Columbia since _____ (month) _____ (year)

I was fully admitted to the School on _____ (month) _____ (year)

I am currently a student in good standing _____

I am registered/plan to register for the _____ term with a course load of _____ courses.

I include:

1. A statement of need outlining my financial circumstances, sources of support and aggravating factors.
2. My latest University Transcript (High School Transcript).
3. A resume outlining relevant experience.
4. A budget for the intended use of the Award.

Should I be granted the award, I agree to the release of my name and photo for publicity purposes at the School's request.

Signature

Date

