

**The Division of EMS
Paramedic Postgraduate Education Bursary
Application**

****Incomplete applications will not be reviewed****

Department: Emergency Medicine, Division of EMS	<i>Shaded areas for administrative purposes</i> Account Number:
Name:	Position and Employer: (if applicable)
Address:	Phone Number:
Student Number:	Email:
Course/Program Name:	Institution Name:
Length of Course/Program:	Start Date:
Description of Course/Program:	
Amount applying for: (max \$3000)	\$
Tuition:	\$
Applicant Signature:	Date:
Approved by:	Date:

APPLICANT SUBMISSION CHECKLIST:

- ☐ **Application form (this form)**
- ☐ **Cover letter**
- ☐ **Current C.V.**
- ☐ **Letter of acceptance***
- ☐ **Requested two (2) letters of recommendation* (sealed or to be sent directly to the Division of EMS)**
- ☐ **Requested official undergraduate transcript(s)* (sealed or to be sent directly to the Division of EMS)**

***see application information sheet for more details and requirements**