

Marguerite Hulme Scholarship in Pharmacy *Application Form*

for students entering the Faculty of Pharmacy for the
first time in 2011

IMPORTANT: Applicants must read instructions before completing this application

Name:		
(Last)	(First)	(Middle)
Full Home Address:		
City/Town:	Province:	Postal Code:
Email:	Telephone:	
Gender (M/F):	DOB:	University of Manitoba Student Number:

ACTIVITY RECORD, PART ONE

Please list, in order of importance to you, up to **three (3)** school or community activities in which you have invested your time and energy, and state why each was important to you. Be sure to include approximate hours per month dedicated to each activity, and the start and end dates (mm-yyyy) for each activity.

I) Description of Activity:

Your role and period of involvement:

Who or what prompted your involvement?

Importance:

II) Description of Activity:

Your role and period of involvement:

Who or what prompted your involvement?

Importance:

III) Description of Activity:

Your role and period of involvement:

Who or what prompted your involvement?

Importance:

ACTIVITY RECORD, PART TWO

For the brief essays that you write in response to the following sections, responses should be typed (minimum font size: 10 pt.). Use only the space provided: extra sheets will not be read by assessors.

1. Describe what you consider to be your most significant contribution to date **and its value to your school or larger community**. Why was it important to you and to others?
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2. Describe a time you challenged yourself by taking on a task/project for which a successful outcome was **uncertain**. What setbacks did you encounter? How did you deal with them?
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3. Describe an important initiative you undertook or an activity in which you held a **leadership position**. What did you learn from your successes and failures as a leader and how have you applied these lessons?
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I certify that the information provided on this application form, and in the accompanying documentation, is true, accurate and complete. I have read the Marguerite Hulme Scholarship ("MHS") award application and in the other documents accompanying this application. I agree to be bound by all of them. Moreover, I authorize the provision of any information held or to be held by secondary schools, post-secondary institutions, community organizations and others, relating to my application, including but not limited to personal evaluations and transcripts, to the Faculty of Pharmacy, University of Manitoba. I understand and accept that:

- [1] such information, as well as the personal information contained in this application, will be used by the MHS's selection committee for the purpose of selection, and to facilitate ongoing administrative correspondence with applicants, necessary to further the objectives of the MHS and to improve the selection process;
- [2] The Faculty of Pharmacy at the University of Manitoba will not release application evaluations or the results of the evaluation process, except to inform me whether or not my application has been accepted; and
- [3] for all questions regarding my personal information held on file by the Faculty of Pharmacy at the University of Manitoba, including updates thereof, I may contact the Faculty of Pharmacy at the address contained in the application.

Finally, if my application is selected for an award, I authorize the publication of my name, photo, school, city and province of residence on University of Manitoba publications.

Signature: _____ **Date:** _____

REFERENCES: Required on all applications

Please provide the name and telephone number of the THREE references who have provided letters and who may be contacted during the selection process. References cannot be related to the applicant and they should be persons who know the applicant well and about their involvement in school or community activities.

NAME OF REFERENCE	TITLE AND ORGANISATION	TELEPHONE
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When you have finished completing the Application form and have assembled all of its attachments (see checklist below), please **submit by AUGUST 19** to:

Marguerite Hulme Scholarship Selection Committee
 Faculty of Pharmacy, University of Manitoba
Apotex Centre
 750 McDermot Avenue
 Winnipeg, Manitoba CANADA R3E 0T5

- _____ Completed Application Form
- _____ a signed "Consent to Release Information" form
- _____ a personal resumé
- _____ your most recent academic transcript (unofficial)
- _____ three (3) sealed reference letters