



CANADIAN ASSOCIATION OF NIGERIAN PHYSICIANS AND DENTISTS
(CANPAD)

2017 BURSARY APPLICATION FORM

NAME OF APPLICANT: _____

NIGERIAN: YES / NO _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

TERTIARY INSTITUTION: _____

COURSE OF STUDY (MAJOR): _____

YEAR IN SCHOOL: _____

DESCRIBE YOUR INTERESTS AND HOBBIES: _____

WRITE IN 300 WORDS OR LESS HOW THIS AWARD WILL HELP FURTHER YOUR DREAMS
AND ASPIRATIONS AND HOW IT MAY HELP OTHERS.

NAMES OF REFEREES (to provide letters of reference to be sent **directly** to CANPAD):

- 1.
- 2.

Please send application form and letters of reference by e-mail to:

canpaddoctor@gmail.com

Attn: Dr. Babafunso Adegbite

Application form and letters of reference must be received by April 30, 2017.