



CANADIAN ASSOCIATION OF NIGERIAN PHYSICIANS AND DENTISTS
(CANPAD)

2009 BURSARY APPLICATION FORM

NAME OF APPLICANT: _____

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 mail application form and letters of reference to:

CANPAD Education Programme
c/o Dr. A. Onayemi
40 Alana Dr.
Barrie ON L4N 7K8

Application form and letters of reference must be received by April 31, 2009