



McKenzie  
INSTITUTE®  
CANADA

PHIL BURCHELL

MDT DIPLOMA SCHOLARSHIP

Dear Scholarship Applicant:

Please complete the application form below. In order for the application to be considered all the information requested must be provided on the application form.

**DEADLINE:** The annual deadline for accepting applications is 31 May.

This application should be submitted along with a current copy of your **resume, proof of Canadian residency** (*Canadian Birth Certificate, Canadian Citizenship Card or Permanent Resident Card*), a copy of your **professional licence**, a **cover letter** outlining your academic and professional goals, and a **letter of reference/support** from an employer or Credentialed/Diploma colleague.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Profession: \_\_\_\_\_ Licence Number: \_\_\_\_\_ Year Licence Obtained: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Duration of Employment at Current Location: Start Date: \_\_\_\_\_ (YYYY/MM) \_\_\_\_\_

Do you give MIC permission to verify your current employment status? Yes  No  Initial \_\_\_\_\_

Have you been accepted into the Diploma Programme? Yes  No  If yes, what is/was your start date? \_\_\_\_\_

Have you resided in Canada for a minimum of two (2) years? Yes  No

Are you a Canadian Citizen? Yes  No

If you answered 'No' to the above question, are you a Permanent Resident of Canada? Yes  No

Have you ever been a recipient of the Phil Burchell MDT Diploma Scholarship? Yes  No  If so, in what year? \_\_\_\_\_

**Applicant Check List - Documents Enclosed:**

Completed Scholarship Application:

Proof of Canadian Residency:  Documentation Type: \_\_\_\_\_

Copy of Current CV/Resume:

Copy of Professional Licence:

Cover Letter Outlining Academic & Professional Goals:

Reference or Letter of Support from an Employer or Other Credentialed/ Diploma Practitioner Colleague

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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**OFFICE USE ONLY:**

Date applicant starts the Diploma Programme: \_\_\_\_\_ Year applicant became Cert. MDT: \_\_\_\_\_

Date of Last McKenzie Institute event attended: \_\_\_\_\_ Course Type: \_\_\_\_\_

**Applicant Documents Received:**

Completed Scholarship Application:

Proof of Canadian Residency:  Documentation Type: \_\_\_\_\_

Copy of Current CV/ Resume:

Copy of Professional Licence:

Cover Letter Outlining Academic & Professional Goals:

Reference or Letter of Support from an Employer or Other Credentialed/ Diploma Practitioner Colleague

Branch Administrator: \_\_\_\_\_ Date Signed: \_\_\_\_\_