



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 Please 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 yes, 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: _____

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: _____