

### **Admission Scholarship**

Royal Bank of Canada<sup>®</sup> is offering a scholarship for students entering their first year of study in a medical or dental program at a university in Canada for the purpose of becoming an accredited medical doctor or dentist. We are looking to reward commitment to community and academic excellence.

Five Scholarships valued at \$3,000 each will be presented to students entering their first year of a medical or dental program in Canada. The selection procedure will consider community involvement, academic standing and financial need. Winners will be notified by October 29th, 2004.

### Eligibility

To be eligible for the RBC<sup>®</sup> Medical & Dental Student Scholarship you must be:

- A Canadian citizen or permanent resident of Canada
- Accepted into a medical or dental faculty at a university in Canada for the 2004/2005 session

• Studying to become an accredited medical doctor or dentist Please note that employees of Royal Bank of Canada or any of its affiliated companies, and members of their immediate families are not eligible for the RBC Medical & Dental Student Scholarship.

# VALUE OF EACH SCHOLARSHIP: \$3,000

PART I: PERSONAL INFORMATION

# DEADLINE FOR APPLICATIONS: October 1, 2004

NAME		
SURNAME		( ) PHONE NUMBER
GIVEN NAME(S)		
TEMPORARY/SESSIONAL ADDRESS:		
STREET		E-MAIL ADDRESS
CITY	POSTAL CODE	
PERMANENT/HOME ADDRESS:		
STREET		DATE OF BIRTH
CITY	POSTAL CODE	

### PART II: ACADEMIC STANDING

List years of post-secondary education and names of institutions and degrees.

Please enclose an official transcript from your last year of study and letter of acceptance from the medical/dental faculty\*.

# PART III: COMMUNITY INVOLVEMENT

Tell us about any volunteer work you have been involved in over the last few years and what value it provided to the community.

1	
-	
-	
-	
-	
2	
2 .	
-	
_	
-	
3	
-	
-	
-	
-	

### PART IV: FINANCIAL SITUATION (SUMMARY FOR ACADEMIC YEAR)

RESOURCES	EXPENSES	
Savings (summer and other)	\$ School (tuition, fees, memberships)	\$
Sessional earnings	\$ Books, supplies, paper, software	\$
Parent(s)/spouse contributions	\$ Computer, PDA, cell phone	\$
Government aid (student loans)	\$ Shelter including utilities, phone, cable, meals	\$
Scholarships, bursaries, awards	\$ Travel (car payment, insurance, transit)	\$
Loans (lines of credit)	\$ Miscellaneous (personal care, services, household products, entertainment)	\$
Other assets (stocks, bonds, RRSP)	\$ Loans/credit card payments	\$
TOTAL RESOURCES:	\$ TOTAL EXPENSES:	\$

### PART V: PERSONAL CIRCUMSTANCES

Are there any personal circumstances you think might be relevant to this application? If yes, please mention them here.

#### PART VI: PERSONAL GOALS

Why did you choose medicine/dentistry as a vocation? Please outline your goals and career path.

#### **USE OF YOUR INFORMATION**

The selection of scholarship winners is determined by a committee of university and college representatives with expertise in admissions and evaluations. Selection of scholarship winners is based on community involvement, high academic standing and financial need. By submitting this scholarship application, applicants hereby authorize Royal Bank of Canada to release any information relating to their scholarship application to the selection committee. The selection committee will use the information only for purposes of evaluating the applicant's scholarship application. All applicants also hereby authorize third parties, such as universities, government or community sources to release information to Royal Bank of Canada and the selection committee. This information may include personal evaluations and transcripts.

Royal Bank of Canada will use information gathered in connection with scholarship applications in aggregate and anonymous form to further its understanding of medical and dental students in general. The aggregate and anonymous information may also be used for the scholarship program publicity or promotional purposes. Royal Bank of Canada reserves the right to use and publish the names of scholarship winners in promotional and other publicly-available material.

I certify that the information provided is true and complete to the best of my knowledge. I understand that the provision of false information will render me ineligible for this scholarship.

SIGNATURE

DATE

Royal Bank of Canada has developed a list of other scholarships available to medical and dental students in Canada and has valuable products and services that can help you finance your education. Your privacy is always respected. If you do not wish to be contacted by Royal Bank of Canada to receive this additional valuable information, please check the box below.

I do not wish to receive a list of other scholarships available to me as a medical/dental student and information on Royal Bank of Canada products and services to help me finance my education.

# VALUE OF EACH SCHOLARSHIP: \$3,000

SUBMIT YOUR APPLICATION TO: RBC Medical & Dental Student Scholarship 260 Adelaide Street East P.O. Box 85 Toronto, ON M5A 1N1 I have enclosed the following\* : Completed application form University or CEGEP transcript (most recent) Letter of acceptance from medical/dental faculty

### DEADLINE FOR APPLICATIONS: October 1, 2004

FOR MORE INFORMATION: Telephone 1-877-363-4457 or visit www.rbcroyalbank.com/mdscholarship

™Trademark of Royal Bank of Canada. ® RBC and Royal Bank are registered trademarks of Royal Bank of Canada. \* Please note that if selected, you will be asked to produce proof of enrolment, ie. course of study and/or student card.