



**CAG MARGERY BOYCE BURSARY
APPLICATION FORM**

Note This application must be submitted with 4 copies including this one.

Personal Information

1. Name: _____
2. Permanent address in Canada:

3. Present Mailing Address: _____
4. Telephone: a) Day(____) _____ b) Evening: (____) _____
5. Fax: (____) _____ E-mail: _____
6. Social Insurance Number (optional): _____

Educational Information

7. Degrees and Certificates completed:

<u>Academic Institution</u>	<u>Period of Study</u>	<u>Discipline</u>	<u>Degree/ Certificate</u>	<u>Date Awarded</u>

8. Name of the Academic Institution, Faculty, and/or Department in which you are currently enrolled or have been formally accepted:

Date of commencement of program of study:

9. Description of course of study (indicate general area of study, particular research/practitioner interests, courses completed, courses expected in next academic year):

10. Brief Description of the proposed thesis/research project (attach if necessary):

11. Career goals/vision in gerontology/geriatrics:

Employment and Volunteer Information

12. Work history since undergraduate degree (attach additional page if necessary):

Employer	From	To	Position	Year

13. Detailed description of your volunteer activities (attach additional page if necessary):

Organization	From	To	Position

Award Information

14. List all previous academic awards and distinctions, scholarships and bursaries received, and their value and indicate any applied for during the period this bursary would apply:

15. Explanation of how this bursary would contribute to accomplishing your educational goals in gerontology/geriatrics:

I declare that the information provided in this application and attachments is true and that no material fact has been withheld.

Date _____ Signature: _____

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