AQUEDUCT
FOUNDATION

The Dr. H. Patrick and Mrs. Gayle E. Cunningham Medical Scholarship

Name of Applicant	**Surname**		**Given Name**	
Home Address	**Street**	**City**	**Province**	**Postal Code**
Phone Number			**Applicant Email Address**	
Canadian Post-Secondary Institution (Name)			**(Location)**	
(Note: Proof of enrollment in a Canadian medical school is required. Please attach screen shot of student record with term dates.)				
Academic Year (Begin Date mm/dd/yyyy)			**(End Date mm/dd/yyyy)**	
Program Length (Years)			**Year of Program Currently Entering (1st, 2nd, 3rd, 4th)**	
Cover Letter (Please attach a written statement substantiating each of the criteria of the Scholarship)				

If you are a successful recipient, you will be required to:

- **provide bank information or your school student account number for the direct deposit of funds;**
- **provide your social insurance number so that we may issue the required T4A form; and**
- **write a letter of acknowledgment to the donor**

Applicant Signature	**Date**
Parish Name:	**Parish Email:**
Parish Address:	**Pastor Name:**
Pastor Signature	**Date**

Aqueduct Foundation wishes to acknowledge the tremendous assistance of the Catholic Diocese of Hamilton in administering this scholarship. www.aqueductfoundation.ca 1-888-723-1122