

TD Insurance Meloche Monnex/ AMA Scholarship

Application

The TD Insurance Meloche Monnex/AMA Scholarships were established with funding from TD Insurance Meloche Monnex to help physicians meet the changing medical needs of Alberta.

Four scholarships of \$7,500 each will be awarded.



**Please return completed form and
reference letters by March 31, 2024.**

TD Insurance Meloche Monnex/AMA Scholarship Application

This scholarship was established to help physicians meet the changing medical needs of Alberta. Four \$7,500 scholarships will be awarded by May 31, 2024 to four Alberta Medical Association members.

Award criteria:

- Priority will be given to a physician seeking additional training in a *clinical* area of recognized need in Alberta and is in his/her/their early to mid-career.

Applicants must meet the following eligibility criteria:

- Current AMA member
- Proposed program must be either:
 - a) supplementary to **completion** of a Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada certification program **or**
 - b) physician in established practice who wishes supplemental training
- Enrolled and accepted in program (see further details below):
 - a) Must be a clinical program at least three months in length in a recognized educational institution
 - b) Majority of the term of the program should occur within the relevant AMA fiscal year (Oct 1, 2024 – Sept 30, 2025) for which the scholarship is awarded.

Personal Information <i>(please print)</i>			
Surname	First Name	Initial(s)	AMA Member No.
Address			
Town/City/Province		Postal Code	
Telephone			
Email Address			
Background			
Medical School (Country)	Degree	Year of Graduation	
Specialties			
1.			Date Received
2.			Date Received
3.			Date Received
Medical Practice			
1.			Years
2.			Years
3.			Years

Education/Training Program	
Name of Program	
Name and Location of Educational Institution	
Program Start Date	Anticipated Completion Date
Enrollment Has Been Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you attending the program online or in person on campus Online <input type="checkbox"/> On campus <input type="checkbox"/>	
If attending online, is there a residency requirement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details of the residency requirement	

Statement of Program

Please state what you hope to learn and accomplish through this education program. Indicate the need for this type of training in Alberta and your plans upon completion. **Statement must not exceed this sheet of paper. Please note that any other attachments will be disregarded.**

References

Please ask two **AMA members** to submit a written professional letter of reference to the Chair, Committee on Achievement Awards (see below). Please note:

- These members are preferably colleagues and familiar with your planned program.
- **These references must be mailed or emailed directly to the AMA (see below) by the deadline date.**
- The reference letters will be received and kept in confidence.
- The reference letter should not exceed **one-page** in length.

Please indicate the names of your two references below.

1. Name Position

Address

Town/City/Province

Postal Code

Telephone No.

2. Name Position

Address

Town/City/Province

Postal Code

Telephone No.

Financial Support

Please outline all sources of financial support that you will be receiving during the dates of the program you are applying for, including (but not limited to):

- **Professional income**
- **Training income**
- **Grants**
- **Other scholarships**

Declaration

I declare that to the best of my knowledge the information provided in this application is true and no material has been withheld.

If I am a successful recipient of the scholarship, I give my permission for my name and photograph to be published on the AMA website and AMA publications.

Signature of Applicant

Date

Please mail or email your application form by March 31, 2024 to:

Chair, Committee on Achievement Awards

c/o Debbie Kuss

Alberta Medical Association

12230 106 Ave NW

EDMONTON AB T5N 3Z1

debbie.kuss@albertadoctors.org