Aboriginal Health Initiative

The Pre-Med Summer Institute for Aboriginal Students

July 2-July 20, 2018

The Labrador Health Centre, Happy Valley-Goose Bay, Labrador

APPLICATION DEADLINE: 5:00 PM, Monday, April 30, 2018

Application Instructions: The Pre-Med Summer Institute for Aboriginal Students is a summer program for Newfoundland and Labrador pre-professional university undergraduate and graduate students. The program is offered to students of Aboriginal ancestry who are serious about pursuing a career in medicine. Please print and complete the following application form. In addition to this application form, you must also include the following:

- Verification of Aboriginal status
- Unofficial copy of university transcripts
- A letter of recommendation from a leader in your respective FN/I/M community;
- One-page typed essay indicating:
  - Your professional interests;
  - Your views on how participating in the Pre-Med Summer Institute may contribute to your professional interests;
  - Your perceptions of the health care system in both the urban and rural regions of Newfoundland and Labrador, especially with reference to Indigenous populations;
  - Your thoughts on your future contribution to the health care of residents of Newfoundland and Labrador.

Failure to include any of the supporting documents or leaving blank sections will automatically disqualify your application.

All application materials must be sent (either by post, by fax or electronically) or delivered to Dr. Carolyn Sturge Sparkes, Aboriginal Health Initiative coordinator by 5:00 pm of Monday, April 30, 2018. Scanned copies of the status verification and university transcript(s) will be accepted.

Personal Information:

1. I am applying for:
   - [ ] Pre-Med Summer Institute for Aboriginal Students
2. Social Insurance Number (required for administrative purposes):

3. Name:

   Last ___________ First ___________ Middle ___________

4. Address:

   Street or P.O. Box
5. Phone:

6. E-mail address:

To which Aboriginal community/organization do you belong (verification required):

- Innu Nation of Labrador
- Miawpukek First Nation
- Nunatsiavut
- NunatuKuvut
- Qalipu First Nation
- Other: Please specify: __________________

Do you speak a language in addition to English?

- Yes
- No

If so, what language(s)? ________________________

**Educational Background:**

- Please list the schools you are attending/have attended (high school, community college, university).

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<tr>
<th>School</th>
<th>Location</th>
<th>Dates of Attendance</th>
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Indicate the year you have just completed in university:

- Sophomore (Year 2)
- Junior (Year 3)
- Senior (Year 4)
- Graduate
- Other (please specify) ______

- Undergraduate Major: ___________________________ Minor: ___________________________
- Overall GPA (undergraduate): ___________________________
**Additional Information:**

How did you find out about this program:

- Instructor, Advisor, Coordinator
- Friend, Parent
- Other
- Web Publications (websites, listserv)
- Flyer, brochure, newsletter
Please specify:__________________________________________________________________________________________

- Please list any honours you have received in high school, college or university, or in your community:
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________

- Please list any extra-curricular or community activities in which you are or have participated:
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________

- Have you done any volunteer work? Please explain:
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________
  ________________________________________________________________________________________________

I certify that all information provided in this application is true to the best of my knowledge.

__________________________________________________________________________  __________
Signature of Applicant  Date

All application materials must be postmarked, delivered or sent no later than

5:00 pm on Monday, April 30, 2018

Mail, E-mail, Fax or deliver to:

Dr. Carolyn Sturge Sparkes, Program Coordinator
Aboriginal Health Initiative
Division of Community Health and Humanities,
Faculty of Medicine, Memorial University of Newfoundland
Room M3M120, Suite M3M114, HSC
St. John’s, NL A1B 3V
Fax: (709) 864-4991
E-mail: carolyn.sturge@med.mun.ca