

# Dr. Imran Hack Undergraduate Medicine Award Application Form



## Background Information

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This award was established by a generous donation from Dr. Imran Hack, M.D. (Class of '79). Memorial University of Newfoundland has given much to Dr. Hack and the establishment of this award simply expresses his gratitude.

Valued at a portion of the income on the endowment, the award will be granted annually to one student from each year of the MD program who has graduated from a high school in Newfoundland and Labrador and requires financial assistance. The recipient must meet the minimum academic requirements for an award as defined by the University. Preference will be given to students who are working part-time to support their education and are involved in off-campus volunteer activities.

## Requirements

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Applicants must:

1. Be a student in the Undergraduate Medical Education Program.
2. Have graduated from a high school in Newfoundland & Labrador.
3. Submit a [bursary application form](#) to state your financial need.
4. Meet the minimum academic requirements for an award as defined by the University.
5. Submit a current CV.
6. Complete this application form.
7. Submit all documents via email to [ScholarshipsUGME@mun.ca](mailto:ScholarshipsUGME@mun.ca).

Application forms must be signed and completed in full by the applicant. Incomplete or improperly prepared application forms disqualify the applicant from the competition.

## Applicant Information

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Name:  Student Number:

Mailing Address:

Email:  Phone Number:

Year of Medical School:

From what town and school did you graduate high school?

Are you currently employed part-time? Yes                      No

If yes, please provide the name of your employer and your job title in the space below:

Have you completed the bursary application form?    Yes                      No

Applicant Signature:  Date:

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Provide a list of your involvement in off-campus volunteer activities **prior** to medical school.  
For each item on your list, provide dates of involvement, position, and a short description.

Provide a list of your Involvement in off-campus volunteer activities **during** medical school.  
For each item on your list, provide dates of involvement, position, and a short description.

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Discuss your motivation for participating in-off campus volunteer activities.  
(150 words maximum)

## Contact Us

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If you have any questions or concerns regarding this application, please contact the Memorial University, Faculty of Medicine Scholarships Administrator at [ScholarshipsUGME@mun.ca](mailto:ScholarshipsUGME@mun.ca).