

Dr. Michael D. Paul Memorial Award Application Form



Background Information

This award was established by Medical Practice Associates in memory of Dr. Michael D. Paul, a Nephrologist and Associate Professor of Medicine at Memorial University of Newfoundland's Faculty of Medicine. It recognizes his contributions to healthcare and medical education in the province over more than 40 years of service, his longstanding leadership within Medical Practice Associates, and his connection to his community.

This award will be granted to a student in any year of study of the Doctor of Medicine undergraduate degree program at Memorial University of Newfoundland who demonstrates leadership and community volunteerism. The recipient must meet the minimum academic requirements for an award as defined by the University.

Requirements

Applicants must:

1. Be a student in any year of the Undergraduate Medical Education Program.
2. Meet the minimum academic requirements for an award as defined by the University.
3. Complete this application form.
4. Submit all documents by email to 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

Name: Student Number:

Mailing Address:

Email: Phone Number:

Year of Medical School:

Applicant Signature: Date:

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Provide a list of leadership roles you performed in organized groups **prior to** medical school. Please include: dates of involvement, your role, and a description of activities you performed. (such as organizing / planning events, coordinating groups, etc.)
(200 words maximum))

Provide a list of leadership roles you have performed in organized groups **during** medical school. Please include: dates of involvement, your role, and a description of activities you performed. (such as organizing / planning events, coordinating groups, etc.)
(200 words maximum)

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Describe the roles and activities you performed with respect to community volunteerism **prior to** medical school. Please provide dates.(200 words maximum)

Describe your on-going activities with respect to community volunteerism **during** medical school. Please provide dates.(200 words maximum)

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Did your leadership and community volunteerism efforts have an impact? Please explain how it enhanced the lives of your peers, or the lives of people in your community.
(150 words maximum)

Contact Us

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