## Dr. Jorge Segovia Scholarship in Health Services Research APPLICATION FORM

Section A: Personal Details						
Student Name:			Supervisor:			
Program:		Entrance Date:		Anticipated (	Graduation Date:	
Section B: Academic Standing (please list graduate courses completed and grade)						
Graduate Course:	Gra		Graduate Course:		Grade:	
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Section C: List of Publications/Presentations  Please provide a list of publications and presentation arising from your current research program. You may attach a separate page.						
Section D: Personal State			demonstrate eviden	re of your exc	ellence in health services	
Provide a personal statement of no more than 500 words to demonstrate evidence of your excellence in health services research. You may attach a separate page.						
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Section E: Signatures					
Applicant's Signature:	Date:				
Supervisor's Signature:	Date:				
For Department Use Only					
Approved:					
☐ Yes ☐ No					
□ 162 □ 140					
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Signature of Associate Dean of Population Health & Applied Health Services:	Date:				
Signature of Associate Dean of Research & Graduate Studies (Medicine):	Date:				