



PBSG Family Medicine Residents Scholarship Award Application

Name(s) and emails of Nominee(s)

Name: _____

University: _____

Email: _____

Name: _____

University: _____

Email: _____

Name: _____

University: _____

Email: _____

Name and email of Nominator if different from above

Name: _____

University: _____

Email: _____

Title of Scholarly Project:



Brief description of project (maximum 250 words)

If the project is in a format that can be sent electronically please attach the PowerPoint, Word document, Picture of a poster etc.

A large, empty rectangular box with a thin black border, intended for the user to provide a brief description of their project.