

## HSC MEDICAL STAFF COUNCIL FELLOWSHIP FUND APPLICATION FORM

**NAME**

**POSITION**

**DEPARTMENT**

**ADDRESS**

**PHONE #**

**Statement of Support by Department Head or Designate:**


\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head/Designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notes:**

- Deadline for submission - January 31 before 4:00 p.m. each year
- Please refer to the "Guidelines for Applications" for items that should be included with your application form.

**Submit to:**

Chair, Fellowship Fund Committee  
HSC Medical Staff Office, PZ420 – 771 Bannatyne Avenue, Winnipeg, MB R3E 3N4