

Associated Medical Services, Inc.
HANNAH STUDENT APPLICATION FORM

**2017 COMPETITION
DEADLINE**

20 FEBRUARY 2017

**Consult Application
Guidelines before
Completing**

Applicants must be registered in a recognized undergraduate program at a Canadian University at the time of application. Medical students are also encouraged to apply.

Send application to:

Peter L. Twohig, PhD
Department of History
Saint Mary's University
923 Robie Street, Halifax,
NS, B3H 3C3

E-mail:
Peter.Twohig@smu.ca

Telephone:
902-420-5447

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| Applicant Information | |
| Name: Mr. Mrs. Ms Miss | |
| Contact Address | |
| Email | Phone |
| Citizenship: Canadian Permanent Resident in Canada Other (Specify Country): | |
| Academic Institutional Information | |
| Name, Department, Address | |
| Degree Program and Date of Acceptance into Undergraduate Program | |
| Project Title | |
| Research Ethics Certificate Required? No Yes Original Certificate Attached | |
| Supervisor (Name, Department, Institution) | |
| Project Supervisor and Location (if different from above) | |
| Referee | |
| Name, Title, Affiliation | |
| Signatures | |
| Applicant | Date: |
| Supervisor | Date: |
| University (see below) | Date: |
| The application must be signed by the designated representative of the administering institution. In signing this application, the applicant and administering institution agree to abide by the AMS Terms and Conditions as outlined in the Guidelines. | |
| Contact Information for the designated representative of the University Administration | |
| Name | |
| Title | |
| Phone number | |
| Complete mailing address | |