



The Dr. Tomer Levy Memorial Bursary



APPLICANT:

FIRST NATION OR ABORIGINAL
COMMUNITY

LAST NAME:

FIRST NAME:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL ADDRESS:

PHONE#:



LETTERS OF RECOMMENDATION

Please provide two references with letters of recommendation

NAME:

RELATIONSHIP:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE#:



LETTERS OF RECOMMENDATION

NAME:

RELATIONSHIP:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE
#:



EDUCATION

CURRENT INSTITUTION

PROGRAM:

FROM MO/YR:

TO MO/YR

STATUS

FULL-TIME

PART-TIME

GRADUATION DATE:

PREVIOUS INSTITUTIONS:

STATEMENT:

Please include a statement or letter describing your current program of study and your involvement in activities at school and in your community.

APPLICATION DEADLINE

All applications must be postmarked, submitted or faxed by May 31st of each year or the following Monday if the 31st falls on a weekend. Please send completed applications to:

THE DR. TOMER LEVY MEMORIAL BURSARY

**Anishnawbe Health Toronto
225 Queen Street East
Toronto, Ontario M5A 1S4**

Tel: 416-360-0486

Fax: 416-360-1083

Email: info@aht.ca