

CLARKE K. MCLEOD PRE-MEDICAL SCHOLARSHIP APPLICATION FORM FOR 2021-22

NAME			
(Family Name)	(Given Name)	(Initial)	
STUDENT NUMBER	DEGREE	MAJOR	
TELEPHONE NUMBER			
least one year of study at Ad prescribed by <u>McGill Univer</u> basis of satisfactory progres	cadia, are registered in a Bach	nelor's degree program and are extended to the period of atte irements are also listed at	ed students who have completed e following the pre-medical progra endance at McGill University on th
maintain an average of at le taken in the Winter 2020 te	ast A- on all university course	atisfactory/Unsatisfactory" or	ic year (20/21) at Acadia and . With the exception of courses similar schema are not acceptable
	university-level or CEGEP/col	Summer session, evening sess llege-level and is credited or c	sion or other alternate sessions ma an count toward the required
INSTRUCTIONS:			
JPEG or screenshot 2. Obtain an electron 3. Using your student the Health Science	image. ic copy of your unofficial tran : email account , attach the ap	nscript (through Acadia Centra oplication form and transcript	te. Print and scan it, or save as a Pl il). and send to Hélène d'Entremont, 021, with Clarke K. McLeod Pre -
Acadia Health Sciences Advi	sor. This signature will confir	m involvement in a degree pro	olication form must be signed by the ogram which satisfies the McGill 's intent to apply to the McGill
SIGNATURE OF APPLICAN	т	DATE	
SIGNATURE OF HEALTH SCIENCES ADVISO		DATE	