

# ARTHRITIS SOCIETY ACPAC SCHOLARSHIP PROGRAM APPLICATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ HomePhone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ HomeFax: \_\_\_\_\_

How did you hear about this Scholarship Program?: \_\_\_\_\_

\_\_\_\_\_

## Professional Background

Professional Designation: OT / PT / RN

Highest level of Education: \_\_\_\_\_

Issuing Institution of Professional degree: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

## Workplace Information

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Business Fax: \_\_\_\_\_

## Required Supporting Documents

- A curriculum vitae/resume
- A valid/current professional certificate of practice
- A 'Letter of Intent'
- Statement of financial need (if require financial assistance)
- Reference letter from Rheumatologist
- Letter from Employer (if applicable)
- 'Clinical Practice Skills for Inflammatory Arthritis' or 'Mary Pack Arthritis Program– Assessment and Management of Rheumatic Diseases' course certificate of completion
- Declaration of Commitment form

## **Please submit the application form and supporting documents in attention to:**

The Arthritis Society ACPAC Scholarship Program  
Amina Gazi, Program Specialist  
Education, Programs & Services  
The Arthritis Society  
1700-393 University Avenue  
Toronto, ON M5G 1E6  
Phone: 416-979-7228, Ext 3389  
Email: [ACPAC.scholarship@arthritis.ca](mailto:ACPAC.scholarship@arthritis.ca)