

2021 CAGPO Bursary Application - Residents

Name: _____

Address: _____

E-mail: _____

Year you joined CAGPO (optional, free membership): _____

Name of Medical School you are enrolled in:

Reason you are applying for this bursary:

Describe the educational activity you will conduct to fulfill the eligibility criteria of this bursary:

E-mail completed form to info@cagpo.ca

Deadline for applications: **August 15, 2021**