



UNIVERSITY
of Prince Edward
ISLAND

SCHOLARSHIPS AND AWARDS COMMITTEE
REGISTRAR'S OFFICE

550 University Avenue, Charlottetown PE C1A 4P3
Telephone: (902) 566-0358 Fax: (902) 566-0795

Arlie Parks Scholarship In Memory of Dr. Kenneth MacIntyre

DESCRIPTION

The Arlie Parks Scholarship was established by the Estate of Marjorie F. Parks in memory of Dr. Kenneth MacIntyre.

CRITERIA

This scholarship will be awarded to a student who is in his or her graduating year from the University of Prince Edward Island, and has been accepted for the study of medicine at a University or Medical School or College.

APPLICATION PROCESS (Deadline: April 1)

Please submit the required documentation as outlined on the application form to the Scholarships and Awards office by the stated deadline to be considered.

Application materials may be submitted via mail, email, or fax:

University of Prince Edward Island - Registrar's Office
Scholarships and Awards Committee
550 University Avenue, Charlottetown, PE C1A 4P3
scholarships@upei.ca
Fax #: (902) 566-0795

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of scholarship adjudication and contacting successful award recipients. Direct any questions about this collection to: UPEI Scholarships and Awards Office, 550 University Avenue Charlottetown, PE C1A 4P3, 902-620-5187 – scholarships@upei.ca



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APPLICATION FORM

Name: _____

Home Address: _____

UPEI Student ID: _____ Telephone: _____

UPEI Email Address: _____

Please include the following in your application package:

Application Form (Deadline – April 1)

Application Personal Statement (maximum one page typed)

Please explain in your personal statement how this scholarship will benefit you in attaining your educational and professional goals.

Proof of Acceptance to an accredited Medical School

Please include a copy of your acceptance letter to your Medical School

Signature: _____ Date: _____

Note: Incomplete application packages will not be considered. For official communication purposes, the Scholarships and Awards Committee will contact successful recipients through their UPEI Email Address. It is the student's responsibility to check their UPEI email account.

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