



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

## **The Dr. L.I. Duffy Memorial Award**

### **DESCRIPTION**

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The Dr. L.I. Duffy Memorial Award was established to support a Canadian student enter their first year of Dentistry.

### **CRITERIA**

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The recipient of this award is to be a Canadian student who has been accepted and will be entering his or her first year of Dentistry at any dental school. The award will be based on academic performance in undergraduate studies and need.

### **APPLICATION PROCESS (Extended Deadline: October 1)**

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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](mailto: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](mailto:scholarships@upei.ca)



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## The Dr. L.I. Duffy Memorial Award

### APPLICATION FORM

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

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

UPEI Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

UPEI Email Address: \_\_\_\_\_

**Please include the following in your application package:**

- Application Form** (Extended Deadline: October 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 Dentistry School**  
Please include a copy of your acceptance letter to your Dentistry 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.

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

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