# Dr. Michael A. Prytula Award (NaturoMedic.com)

**Completed applications must be received by Financial Aid Office**
**No later than December 14, 2012**

**BOUCHER INSTITUTE OF NATUROPATHIC MEDICINE**
**110 – 435 Columbia Street New Westminster, BC V3L 5N8**
**Phone: 604-777-9981 / Fax: 604-777-9963 / www.binm.org / sfaltado@binm.org**

**Description of the Bursary:**
The Dr. Gregory Wayne Prytula, ND Memorial Bursary – **Year Three**

**Sponsored by:** Naturomedic.com, Michael A. Prytula, ND

**Eligibility:** Any student registered in Year Three of the Doctor of Naturopathic Medicine program for the 2012/2013 academic year.

**Criteria:** Awarded to the student who most successfully mastered the language of naturopathic modalities. Applicants must submit an essay (not to exceed 1,200 words)

**Award:** $800

**Application Deadline:** December 14, 2012

- The award will be credited to the successful student's tuition account with the Boucher Institute in January of 2013.
- Students must register for credit as a full time student (60 per cent course load) for the entire 2012/2013 academic year.
- Challenge, audit, prior credit recognition and credit free courses will not be counted towards the 60 per cent course load.
- Students who do not register or subsequently change to on-leave status may have their award cancelled.
- Award is applicable only for the academic year indicated on the notice and may not be deferred. Students who do not register in the academic year for which the bursary is granted forfeit the award. To be considered for the award in future years of registration, students must reapply.

**Application Requirements**: (**Incomplete applications will not be considered)**

o Completed Application Form o Essay o Resume

Send your complete application by email to: sfaltado@binm.org

| PERSONAL INFORMATION | | |
|---|---|---|
| Name: | | |
| Phone: | Email: | |
| Current Address: | | |
| City: | Province: | Postal Code: |
| Is this: Your parent's home? ☐ | Rented? ☐ | Self-owned? ☐ |
| Marital Status: ☐ Single ☐ Married/ Common-law ☐ Widowed ☐Separated/Divorced<br>Number of dependents: Ages: | | |

**DECLARATION TO BE COMPLETED BY ALL APPLICANTS**
I hereby declare that all information given above is complete and true to the best of my knowledge. I consent to the disclosure of information on this form to other educational institutions and the Student Services Branch of the Ministry of Advanced Education, Training and Technology when necessary to verify information. I understand failure to provide my consent or misrepresentation may result in cancellation of this application or the award I may receive. If granted an award, I understand that any debts I may have outstanding to Boucher Institute of Naturopathic Medicine will be deducted from the award.

Signature_____ Date_____

**FREEDOM OF INFORMATION/PROTECTION OF PRIVACY**: BINM complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of operations in accordance with this legislation.