



**REFERENCES** (other than family members)

**Career references** (people who have supervised you)

Name _____	Occupation _____
Street _____	
City/town _____	Postal code _____
Phone _____	Email _____
Name _____	Occupation _____
Street _____	
City/town _____	Postal code _____
Phone _____	Email _____

**Character references** (people who can attest to your character)

Name _____	Occupation _____
Street _____	
City/town _____	Postal code _____
Phone _____	Email _____
Name _____	Occupation _____
Street _____	
City/town _____	Postal code _____
Phone _____	Email _____

Information provided in your application will be kept confidential and will be used to determine eligibility for the Saskatchewan Health/Saskatchewan Medical Association Bursary. For those receiving a bursary, Saskatchewan Health officials may also use this information to maintain contact with you, until such time as your return-in-service commitment has been fulfilled.

I hereby certify that all information and statements made in this application are true and complete to the best of my knowledge and belief.	
_____	_____
Signature of applicant	Date

**Forward completed forms to:**  
Saskatchewan Medical Association  
201-2174 Airport Drive  
Saskatoon, SK S7L 6M6  
P: 306-244-2196  
F: 306-653-1631  
E: [SMA@sma.sk.ca](mailto:SMA@sma.sk.ca)  
Website: [www.sma.sk.ca](http://www.sma.sk.ca)