



# Medical Student Nomination

## \$1,000 BCCFP 4<sup>th</sup> Year Medical Student Scholarship

<b>NOMINEE'S NAME</b>		CFPC MEMBERSHIP # <small>(if applicable)</small>	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE		EMAIL	
Is the Nominee currently a 4 <sup>th</sup> Year Medical Student at UBC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Nominee aware of this nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NOMINATOR'S NAME</b>		CFPC MEMBERSHIP # <small>(if applicable)</small>	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE		EMAIL	

How did you hear about this award?

- BCCFP newsletter or email
- Division of Family Practice
- Social media
- Other please specify (e.g. colleague, health authority, etc) \_\_\_\_\_



BC COLLEGE OF  
FAMILY PHYSICIANS  
*The home of family medicine*

**Your nomination should include:**

- The reason for your nomination
- A brief biography or resume of your candidate (i.e. educational and community profile)
- Evidence of your candidate's significant characteristics relevant to the award in the form of descriptive materials, testimonials or other documentation
- Letters of support and any other information which you feel will help the selection committee in its deliberations

**Please fax (604-736-4675) or mail the completed nomination form and supporting documentation to:**

BC College of Family Physicians  
#350-1665 West Broadway  
Vancouver, BC  
V6J 1X1

**CRITERIA FOR AWARD**

- A Nominator is required for each award and may be a family physician, fellow student or resident
- Each nomination must be accompanied by a cover letter from the Nominator addressing the specific reasons why the Nominee warrants the proposed recognition
- In the submission, the Nominator will ensure and confirm that the Nominee meets the required criteria for the award below:

\$1,000 BCCFP 4<sup>th</sup> Year Medical Student Scholarship will be presented to two 4th year medical students entering the UBC Family Medicine postgraduate program

**For further information, please contact the BCCFP Office at:**

Phone: 604-736-1877 or 1-888-736-1877

Email: [office@bccfp.bc.ca](mailto:office@bccfp.bc.ca)