



SHEILA RYAN AND EILEEN RYAN AWARD IN HEALTH INFORMATION SCIENCE

Graduate Application Form
Students must submit applications electronically to his@uvic.ca by : μ v 3 i

UVic Student Number: _____
Name: _____
Graduate Program _____
Email: _____

I wish to apply for the Sheila Ryan and Eileen Ryan Award in Health Information Science.

By signing this form, I give permission to the School of Health Information Science to release the attached material, including financial information contained in it and my transcript to the Sheila Ryan and Eileen Ryan Award Selection Committee for review.

I include:

1. A statement of need outlining my financial circumstances, sources of support and aggravating factors
2. My latest University Transcript
3. A resume or CV.

Should I be granted the award, I agree to the release of my name and photo for publicity purposes at the School's request.

Signature

Date

