

The Dr. Byron Reid Community Health & Humanities Grant supports members of the Dalhousie Family Medicine Interest Group who demonstrate a commitment to strengthening their communities through emphasis on the four principles of family medicine:

1. The family physician must be a skilled clinician.
2. The doctor-patient relationship is central to the role of the family physician.
3. Family medicine is a community-based discipline.
4. The family physician is a resource to a defined practice population.

Recipients of this grant will be answering a particular need in their community by furthering their education in a relevant field.

To apply, please complete a formal letter of request outlining the details of the conference/activity/initiative you wish to participate in. Your application will demonstrate how you plan to use your newly acquired skills/knowledge to fill a need in the population you care for.

Please ensure you attach your cover letter to the form on the next page; your CV; and any other supporting documents.

**Deadline to apply for programs taking place in 2018: 30<sup>th</sup> June, 2017**

**Decision will be made by 31<sup>st</sup> July, 2017.**

### Contact Information:

Surname:	
Given Name:	
Student #:	
Department:	
Program:	
Email:	
Phone:	
Mailing Address:	
Are you a member of the FMIG?	<input type="checkbox"/> yes <input type="checkbox"/> no

### Conference Information (if applicable):

Name of Conference:	
Location:	
Date:	

### Financial Information:

Have you applied for any other funding?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please state where below:
Amount of funding required:	\$

### Declaration:

*I certify that I have carefully read the application and guidelines. I recognize that the submission and qualification of this application is subject to The Dr. Byron Reid Community Health & Humanities Grant Policy. I declare that the information contained within this application is correct and accurate. I authorize the NSCFP to investigate the information provided in this application to assess the qualification for this grant if necessary.*

Signature of Applicant

Date

NSCFP Approval

Date