JMA Educational Development Grant Application Form

Name of student

Medical School Academic year

Date of birth

Address (term) :

Address (home) :

Preferred telephone number:

Email address:

Nature of proposed activity:

Location of proposed activity:

Dates of proposed activity:

Please sign below:

I understand that if awarded a grant to undertake an educational opportunity, I shall submit a report on this opportunity to the Association within a maximum of three months; and that I may be invited to present a brief report at a meeting of the Association.

Signature Date