John & Lorena Woronuk

Dentistry International Award

value

- variable – cumulative total of award pool for this award is up to $3,500 per academic year
- number of awards available is dependent on number of selected recipients and program costs

donor

- endowed by Niclaus and Sharon Woronuk

conditions

- To be awarded to University of Alberta Dentistry students to assist with the costs of participating in a significant international learning experience at an official UAlberta partner institution. Eligible countries: Germany, France, China, Sweden, Norway, Hong Kong, and Scotland. See the Education Abroad Program for a list of formal UAlberta partner institutions.
- The period of time to be spent abroad must be a minimum of three weeks and may be, but is not limited to, advancements in courses offered in the student's Alberta curriculum
- Preference will be given to term or year exchange programs and to applicants who have little or no international experience
- The basic premise of the award is to provide students of dentistry enrolled at UAlberta with the knowledge of current approaches to the outcomes of dental treatment from an international perspective. The objective is that such students will bring back knowledge gained by this experience and share that knowledge with UAlberta colleagues and staff.
- Total of all funding (scholarships, grants, bursaries, etc.) must not exceed travel and program costs, as the award is intended to be solely applied towards program costs. Total amount of scholarship for each program and individual will be determined by the selection committee. Recipients must notify the Department of Dentistry of any funding granted and not already declared on this application and may be required to return the full amount or a portion of the award to the Education Abroad Program if total funding secured exceeds the total program cost

eligibility

- U of A undergraduate students nominated to participate on a formal international exchange during the 2014 – 2015 academic year with a minimum 2.5 cumulative GPA, and 2.7 GPA in the most recently completed term
- Recipients must have completed at least two full years of studies in the DDS degree program (Department of Dentistry) and have satisfactory academic standing
- This award will be based on the following criteria:
  1) academic standing in oral health care
  2) demonstrated concern for the quality of life of clinical patients
  3) interest in fostering international relations
- Preference will be given to those students who demonstrate all of the above criteria, however, ALL Dentistry students are still encouraged to apply

deadline

January 18, 2016

- Application Period: January 2 - 18, 2016. DO NOT submit your application until your Fall term grades are posted on your transcript.
- Complete this application, attach all required documents and submit by email to eapaward@ualberta.ca. Incomplete applications will not be considered. All successful applicants will be notified.

supporting documents

Please attach the following supporting documents to this application.

UNOFFICIAL transcripts of all completed post-secondary work at UAlberta and other institutions are required. DO NOT submit your application until your Fall term grades are posted

evidence of all existing student loans or student financing, if applicable (i.e. copy of notice of assessment, student line of credit, bank loans are acceptable)

completed confidential report from the Director of Clinics or appropriate clinical staff member at the Department of Dentistry, regarding the applicant's clinical performance (form attached)

application results

- Applicants will be notified if they have been nominated for an award
- Award recipients must confirm their acceptance of the award to the Education Abroad office. Failure to do so will result in the re-allocation of their award.
- The University of Alberta's fiscal year and award allocation runs from April 1 to March 31. The Office of Student Awards will confirm the number of

application form

protection of privacy

Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services, public relations and fund raising; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, information sharing agreements with student governance associations, organization, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Education Abroad Program at 780-492-6040 or see www.ualberta.ca/FOIPP.

personal information

first name _____

last name _____

gender _____ U of A ID _____

faculty major _____ minor _____

intended international destination _____

intended length of activity ❑ full year ❑ one term ❑ other (please indicate number of weeks _____

activity start date _____ end date _____

permanent mailing address _____

city _____

province _____

postal code _____

Phone – home _____ work _____

U of A email _____

finances

Have you received any other scholarships or monetary awards for this exchange? ❑ yes ❑ no

If yes, please provide details _____

Will you be applying for a Student Loan for the above exchange period? ❑ yes ❑ no

Have you received any Student Loans or financial aid previously? ❑ yes ❑ no

What is your total indebtedness to the Student Finance Board or your bank if you have a bank loan or line of credit?

Attach copies of notice of assessment, credit line or bank loan statement $ _____

program costs

Fill in the budget below as a proposed statement of what you estimate the costs of your international activity will be. You don't need exact numbers but estimated figures to help you become aware of the costs of going abroad.

accommodation _____ food _____

return travel _____ books, supplies _____

health insurance _____ passport, visas _____

tuition and fees _____ **TOTAL** _____

Briefly describe below how you intend to finance your exchange as detailed in the budget above. List anticipated sources and income such as this scholarship, summer or part-time employment income, student loans/ bursaries, family contribution, other scholarships, monetary awards or benefits which will be used to defray the costs of
this program. **Note:** Your sources of funding should equal or exceed the total amount of your costs in the above section.

revenue sources (to finance your exchange)	**amount**
TOTAL	

international experience

countries lived in	**countries visited**

extracurricular activities

Indicate extracurricular activities, including any offices held, both within and outside the campus community. Use an additional page if necessary.

activity	**dates**

Briefly describe your objectives for participating in an International activity (max. 200 words). Submission may be typed and attached to your application in its entirety or you may use the space provided and attach an additional sheet if you require additional space.

Briefly describe how you intend to share your experience with colleagues and staff (max. 100 words). Submission may be typed and attached to your application in its entirety or you may attach an additional sheet if you require additional space.

sign your application

All applications must be signed.

I hereby certify that the information given in this application is complete and true in all respects. I understand that this award application may be shared with other University of Alberta Award committees for selection purposes and results of other University of Alberta funding decisions may be taken into consideration as part of the selection criteria. If offered an award, I understand that should circumstances change and I am unable to participate in the exchange program as per the conditions of my nomination I may be required to return the full amount of the award to the Education Abroad Program within one month of when I learn I will not be participating in the exchange.

Signature_____ Date_____

UNIVERSITY OF ALBERTA INTERNATIONAL

Education Abroad Program

142 Telus Centre
87 Ave & 111 Street

Tel: 780.492.2692
Fax: 780.492.1488

www.goabroad.ualberta.ca
goabroad@ualberta.ca

John & Lorena Woronuk

dentistry international award

clinical staff member form

protection of privacy

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exchange applicant personal information

first name_____ last name _____

_____

present year of study in dentistry _____

clinical staff member form

Confidential report to be completed by a *clinical* staff member at the Department of Dentistry who is best able to assess the applicant's clinical performance.

title _____ name_____

_____

present position in dentistry clinic _____

_____

I have supervised _____ (enter student name) in the dental

clinic for _____ (enter and indicate: weeks, months, years) and I rank him/her as sufficiently competent to participate in the exchange. I understand that the amount of clinic time that the student may be required to miss will neither affect the health of the patients assigned to him/her nor to his/her progress in the program.

Furthermore, I consider this student appropriate to represent the University of Alberta, the Province of Alberta, and Canada, as a good ambassador while abroad.

sign the application

All clinical staff member forms must be signed by the clinical staff member completing the form.

I hereby certify that the information given in this application is complete and true in all respects.

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