



**ONTARIO COALITION
FOR ABORTION CLINICS
(OCAC)**

**HUMANIST
CANADA**



Dr. Henry Morgentaler Memorial Scholarship

Application Form – 2020

Ontario Coalition for Abortion Clinics
Attn: Morgentaler Memorial Scholarship Committee
c/o Trinity-St. Paul's United Church 427 Bloor Street West, Box 11
Toronto, ON, M5S 1X7



Dr. Henry Morgentaler Memorial Scholarship

Application Form – 2020

The Dr. Henry Morgentaler Memorial Scholarship is an award of \$1,000.00, given on an intermittent basis to a physician intending to become an abortion services provider in Canada. The fund will be used at a facility in Canada for training to competency in the skills and techniques to perform abortions. The physician is expected to offer these services in their practice in Canada.

ELIGIBILITY

- Canadian citizens or landed immigrants.
- Current cumulative grade point average of at least an A-.
- The applicant has been accepted for “training to competency” at a recognized abortion clinic providing training or another acceptable Canadian training facility.

APPLICATION PROCESS

- Your application must contain the following:
 1. The completed application form.
 2. A copy of your most recent academic transcript (unofficial copies will be accepted).
 3. One reference letter is required from the facility where the applicant has been accepted for training, indicating the range of training experiences, and should include contact information.
 4. One personal reference letter is required from a physician familiar with your career and training.
- Applications and other required documents should be submitted on hard copy (paper!).
- The deadline for receipt of applications would normally be the end of May 2020 however, due to the COVID-19 crisis, applications received during the next 12 months (up to April 30th, 2021) will be considered on an as-received basis.
- Please send your application to:
Ontario Coalition for Abortion Clinics
Attn: Morgentaler Memorial Scholarship Committee
c/o Trinity-St. Paul's United Church
427 Bloor Street West, Box 11
Toronto, ON, M5S 1X7

QUESTIONS

If you have specific questions, please contact us at morgentalerscholarship@gmail.com
Our website is: <https://www.humanistcanada.ca/programs/morgentaler-scholarship/>

EVALUATION CRITERIA

Applications will be evaluated on how they address:

1. Understanding and commitment to sexual and reproductive health and rights (SRHR).
2. How the applicant has contributed to the SRHR sector (either in a paid or voluntary manner).
3. Their professional potential, as demonstrated by relevance of course work, grades achieved, work experience and any other relevant information.



Application Form

APPLICANT INFORMATION

Name:
Email Address: Phone:
Address of Applicant:
Canadian Citizen: Yes ☐ No ☐ Landed Immigrant: Yes ☐ No ☐

FACILITY WHERE YOU HAVE ARRANGED TRAINING TO COMPETENCE

Facility Name:
Address:
Phone: Contact Name:
Contact Email Address:
Training Start and End Date:

EDUCATION

Current Post-secondary Education (if applicable)

Name of Medical School:
Website:
Expected date of graduation:

Previous Post-secondary Education (if applicable)

Name of Institution:
Website:
Year of Graduation: Degree Conferred:

Previous Post-secondary Education (if applicable)

Name of Institution:
Website:
Year of Graduation: Degree Conferred:

Previous Post-secondary Education (if applicable)

Name of Institution:
Website:
Year of Graduation: Degree Conferred:



RELEVANT WORK EXPERIENCE

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

If you have more work experience, please submit an additional page with this information.

RELEVANT VOLUNTEER EXPERIENCE

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

Organization/Company Name:
Website:
Position Title: Date started: Date ended:
Position Description:

If you have more volunteer experience, please submit an additional page with this information.



LONG ANSWER QUESTIONS

Please ensure that your answer to each question is no more than 200 words and that all of your text appears in the box when the document is printed.

Question 1: How do you define sexual and reproductive health and rights and why do they matter to you?

Question 2: How do you intend to use the abortion services provider training to increase people's access to abortion services?

Question 3: Are there any extenuating circumstance, context and/or barriers you face that you would like the selection committee to be aware of while evaluating your application?

Signature of Applicant _____

Date: