



APPLICATION FOR STUDENT OVERSEAS ELECTIVE SCHOLARSHIP

DATE: _____

COMPLETE NAME: _____

ADDRESS: _____

CITY/PROV: _____ PC: _____

PHONE # _____ E-MAIL ADDRESS: _____

BIRTHDATE _____ MARITAL STATUS (S)(M) _____

(Spouse's Name)

MEDICAL SCHOOL _____ GRAD YEAR _____

DESTINATION (country) _____ CONTACT (name) _____

Mailing address of Overseas institution:

ESTIMATED DATE OF ARRIVAL AT FOREIGN SITE _____

FOR HOW LONG? _____

What type of work do you anticipate doing:

Please include a brief statement of your Christian beliefs, your reasons for entering the field of medicine, your future career plans and your reason for wishing to spend time in a developing country.

Previous overseas experience (medical or otherwise):

Name and Address of local church:

Christian Experience (offices and activities in Church):

Member of CMDS Canada? Yes No

What languages do you speak (indicate your ability to read, write or speak)

Language	Read	Write	Speak
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1.

2.

3.

Pre-Medical Education University: _____

Honours and Activities:

Would this elective provide credit towards your medical degree? Yes No

Signature

Date

Name/Signature of CMDS Chapter representative, this indicates Chapter approval of Candidate

Name (Please print)

Signature

Trusting in the Lord Jesus Christ as my Saviour, I believe in –

1. The triune nature of God as Father, Son and Holy Spirit.
2. The sovereignty of God in creation, revelation, redemption and final judgement.
3. The divine inspiration, infallibility and supreme authority of Holy Scripture.
4. The sinfulness of human nature.
5. Redemption only through the sacrificial death of Jesus Christ, the Incarnate Son of God.
6. The bodily resurrection of Jesus Christ.
7. The indwelling and work of the Holy Spirit in the believer.
8. One holy universal church, the Body of Christ, to which all believers belong.
9. The personal return of the Lord Jesus Christ.

Signature

WAIVER OF RESPONSIBILITY

As part of your application we would ask you to sign the release and indemnity below. As a result you and your family will absolve CMDS (Christian Medical and Dental Society) and any respective directors, officers, employees and agents from any liability that may arise as a result of your participating in the activities of the above mentioned organization. As well, you agree to indemnify the directors, officers, employees and agents of the above-named organization from any and all actions that may be brought as a result of your participation in the activities of the above named organization. The foregoing is an attempt to summarize the effect of the release and indemnity but does not affect the terms thereof.

RELEASE AND INDEMNITY

IN CONSIDERATION of the benefits derived if accepted by the Student Elective program and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself, and his heirs, executors, personal representatives, successors and assigns hereby releases and forever discharges CMDS (Christian Medical and Dental Society) and its respective directors, officers, employees and agents of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which the undersigned has or hereafter can, shall or may have for or by reason of any injury, damage or loss that may be sustained, however caused, in consequence of, or in any way related to the activities of the above named organizations.

AND FOR THE CONSIDERATION aforementioned, the undersigned further agrees to indemnify and save harmless the directors, officers, employees and agents of CMDS (Christian Medical and Dental Society) from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which arise, directly or indirectly, from the undersigned's activities, whether on behalf of the above named organizations or otherwise.

AND I am fully aware and acknowledge the risk involved in the participation of the said activities, and the notwithstanding same I am voluntarily proceeding with the undertaking and I am assuming all of the risk of injury, damage or loss to me and the others in connection therewith.

I agree that all monies awarded will be used for the elective as approved. If there are funds leftover after all fund raising and expenses are paid, I agree to return the unused portion of the bursary money to CMDS Canada so that other students will be able to make use of the funds.

Executed at _____, this _____ day of _____.

Signature

ALL PARTICIPANTS ARE STRONGLY ADVISED TO OBTAIN MEDICAL INSURANCE.