

**SMSS Student Initiative  
Grant Application Form–  
2016/2017**



Student Medical Society  
of Saskatchewan

Things to submit:

- 1) This completed application form
- 2) Letters of support (maximum of 2)

**Part 1: General Information**

Name of Applicant:		
Student Number:	NSID:	
Year in Medicine (highlight one):                    I   II   III   IV		
Email:	Phone Number:	
Home Address:		
City:	Province:	Postal Code:
Title of Proposed Initiative:		

**Part 2: Budget**

Description	Amount	Totals
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<b>Revenues</b>		
<b>Total Revenues</b>		
<b>Expenses</b>		
<b>Total Expenses</b>		
<b>Requested from SMSS</b>		
Total Requested from SMSS (total expenses- total revenues)		

**Part 3: Description of Proposed Initiative**

Please explain how the initiative proposed above will promote/enhance the medical student experience, further the mandate of the SMSS or College of Medicine, improve the health care in Saskatchewan, or help improve our community: (max 500 words)

**Part 4: Letters of Support**

Are you submitting letters of support? (highlight one) Yes No

Support Letter From (Name)	Community or Faculty	Department/Organization	Email address

Please submit letters as a separate document. Submit with this completed form on the SMSS website.

**Part 5: Signature**

Applicant Signature:	Date:
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