

# BURSARY APPLICATION

## MASTER OF CHEMICAL RISK ASSESSMENT PROGRAM

### PERSONAL INFORMATION :

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Province/State : \_\_\_\_\_

Country : \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Phone No : \_\_\_\_\_ Email : \_\_\_\_\_

Proposed MRA Program Start Date : \_\_\_\_\_

### EDUCATIONAL BACKGROUND :

Level of Education	Major	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PROFESSIONAL EXPERIENCE :

Company Name	Position	Period
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CERTIFICATIONS & ADDITIONAL TRAINING :

Certification Title	Organization	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FUNDING INFORMATION :

Have you received funding to support your participation in this program?

YES

NO

If yes, which category does the funding fit?

Student Loan

Employer Support  
(Beyond Salary)

Scholarship

Other

FURTHER QUESTIONS :

Please list any awards, scholarships, publications or special recognition you have received.

What is your rationale for requesting this bursary?

What are your career objectives and how will the Master of Chemical Risk Assessment Program contribute to achieving them?

**To submit this application, please send the completed form, along with a CV and unofficial transcripts from your most recent academic program, to: [tox.centre@usask.ca](mailto:tox.centre@usask.ca).**

INTERNAL SECTION

CONSIDERATIONS :

Academic Background

Professional Background

Financial Need

Approved :  YES  NO

Tuition Bursary Approved (%) :