



Federation of Medical Women of Canada Fédération des femmes médecins du Canada

780 Echo Drive Ottawa ON Canada K1S 5R7
Tel: (613) 569-5881 or 877-771-3777
Fax: (613) 569-4432 or 877-772-5777
fmwcmain@fmwc.ca • www.fmwc.ca

Maude Abbott Loan Fund Application Form

Name:		
Home Address:		
City:	Province:	Postal Code:
Tel:	Fax:	E-mail:
School Year Address:		
City:	Province:	Postal Code:
Tel:	Fax:	E-mail:

Name of Medical School:		
Current Academic Year:	Expected Graduation Date:	
Sources of Income for Current Year:	Amount of Income for the Current Year:	
1. _____		
2. _____		
3. _____		
Expenses for Current Year:	Fees:	\$ _____
	Board & Lodging:	\$ _____
	Transportation:	\$ _____
	Books/Instruments:	\$ _____
	Other:	\$ _____
Loan Requested (Up to \$1,000): \$ _____		
Are you an FMWC Member: <input type="checkbox"/> Yes How Long: _____ <input type="checkbox"/> No, please send Membership Package		
Date of Application:	Signature of Applicant:	

The Federation of Medical Women of Canada (FMWC) is a national organization committed to the professional, social and personal advancement of women physicians and to the promotion of the well-being of women both in the medical profession and in society at large.