

Dr. E. P. Mayo Scholarship

**Town of Burin
(Scholarship Application Form)**

Student Name: _____

Home Address: _____

Telephone No: _____

Criteria for Eligibility:

- * Official copy of University Transcript from first year of **completed studies** in a Medical related faculty.
- * Must have a minimum Grade Point of 3.
- * Must be a resident of Burin.

Deadline for applications is Friday, December 6, 2019.