



**DSM Education Sponsorship and Return of Service Program  
Application form**

**Part 1: Applicant Contact Information**

**Name:** \_\_\_\_\_  
(please print)                      Family Name                      First Name

**Present Address:** \_\_\_\_\_

\_\_\_\_\_  
City    Province    Postal Code

**Permanent Home Address** \_\_\_\_\_  
(if different than above)

\_\_\_\_\_  
City    Province    Postal Code

**Telephone (days)** \_\_\_\_\_ **Telephone (evenings)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Part 2: Program Information**

**Educational Institution:** Red River College

**Program** (check one)

- Medical Laboratory Science
- Medical Radiologic Technology

**Program Start Date:** \_\_\_\_\_  
M/Y

**Part 3: Academic Qualifications:**

Attach copies of transcript(s) of previous and/or current post-secondary education  
OR

List all post secondary education in the chart below

College/University	Dates attended	Degree, diploma, certificate awarded (if any)	Completed education (semester hours)	Grade or GPA

**Part 4: Applicant’s Information Release**

I consent to allow the release of information contained in my Red River College program application file to Diagnostic Services of Manitoba for the purposes of this sponsorship application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5: Applicant’s Declaration**

I certify that the information given in this application is true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed application to:**

**Human Resources Department  
Diagnostic Services of Manitoba  
1502-155 Carlton St.  
Winnipeg, MB. R3C 3H8**