

2018 GENERAL HEALTH STUDIES SCHOLARSHIPS STUDENT APPLICATION

The Lloydminster Region Health Foundation is proud to offer several health related scholarships through our scholarship program. This program would not be possible without the support of many generous donors who commit year after year.

ELIGIBILITY CRITERIA

- Applicants must be a permanent resident in the Lloydminster area.
- Must be a Canadian citizen or landed immigrant.
- Must be enrolled in a full time program at an accredited Canadian postsecondary institution.
- In good academic standing.
- Dustin McConnell Memorial Scholarship recipient must be registered in an Advanced Care Paramedic Program. Applications are accepted for this scholarship throughout the year.

APPLICATION PROCESS

- The deadline for applications is June 30, 2018.
- Completed applications forms must be submitted to:
 - Lloydminster Region Health Foundation
 - Attention: Scholarships
 - 4910 50 Street, Suite 116
 - Lloydminster, SK S9V 0Y5
- Applications must contain the following:
 - Complete Application Form
 - Copy of Official Transcripts
 - Professional Goals
 - Resume
 - Signed Declaration
 - Official Confirmation of Registration

SELECTION CRITERIA

The following criterion is used to weigh applications:

- Shows a genuine interest in the healthcare field. The student's experiences and electives reflect this interest.
- The student has been involved in the community and/or community based projects and has shown leadership in these activities.
- The student possesses excellent interpersonal and communication skills.
- Priority will be given to:
 - Healthcare occupations that will benefit the Lloydminster Hospital and Healthcare Providers within the region.
 - Students in the latter half of their program.
- Demonstrate commitment and dedication to his/her field of study

SUCCESSFUL SCHOLARSHIP RECIPIENT

- The award recipient must provide the LRHF with a brief report detailing the progress of his/her studies within one year.
- Recipients may not apply for the same LRHF scholarships in the subsequent year.
- Successful recipients will be advised by mid-August of each year. Funds will not be awarded until proof of registration is received by the Foundation Office.

2018 GENERAL HEALTH STUDIES SCHOLARSHIPS APPLICATION

Place a check mark beside the scholarship(s) you wish to apply for:

- Ken Stanley Memorial Scholarship Value: \$1,000 per recipient
- Dustin McConnell Memorial Scholarship Value: \$750.00 per recipient
(applications are accepted throughout the year for the McConnell Scholarship)

APPLICANT INFORMATION

Name of Applicant: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Personal Phone: _____ Work Phone: _____

E-mail Address: _____ Social Insurance Number: _____

PROGRAM INFORMATION

Name/Title of Program: _____

Undergraduate: _____ Graduate: _____

Other (Specify): _____

Institution: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Program Commencement Date: _____

Anticipated Completion Date: _____

Year of Study Completed: 1st year 2nd year 3rd year 4th year Other

Program Description: _____

Duration of full-time attendance this coming year:

_____ To _____

List of courses to be taken during this year: (Please provide course name, number and credit hours)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

EDUCATIONAL BACKGROUND

* This is in addition to providing a copy of *official* transcripts

1. _____ Date completed: _____

2. _____ Date completed: _____

3. _____ Date completed: _____

PROFESSIONAL GOALS

*Submit as a separate attachment.

Submit a written statement outlining why you chose the health profession and why you wish to work in Lloydminster upon completion. Also describe the contribution you will be able to make to the practice as a result of this study.

RESUME

* Submit as a separate attachment.

Include three personal or professional references with contact information. Submit a copy of your resume along with your application.

APPLICATION CHECKLIST

Check off each section when finished to ensure a fully-completed Scholarship Application:

- Complete Application Form
- Copy of Official Transcripts
- Professional Goals
- Resume
- Signed Declaration
- Official Confirmation of Registration

APPLICANT'S DECLARATION

I hereby certify that the above information is correct.

Applicant's Signature

Date

CONFIRMATION OF REGISTRATION

To be completed by the Registrar or Registrar Designate

INSTITUTION INFORMATION

Institution: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Name: _____ Position Held: _____

Phone Number: _____

SCHOLARSHIP APPLICANT INFORMATION

Name of Applicant: _____

Program Name: _____

Confirmation of Enrolment for: _____

I hereby certify that the above information is correct.

Registrar or Registrar Designate

Date

PLEASE RETURN COMPLETED FORM WITH SCHOLARSHIP APPLICATION.

NOTE: Applicant will not be considered unless all documentation is received