

## 2024 GENERAL HEALTH STUDIES SCHOLARSHIP 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.

**Sunrise Scholarship** – This scholarship was created in 2018 to encourage local students to pursue careers in mental health care, and to support better mental health care in the Lloydminster region. The Sunrise Scholarship is directed towards individuals enrolled in a full-time post-secondary program related to the field of mental health and delivered by an accredited college or university.

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### ELIGIBILITY CRITERIA

- Applicants must be a permanent resident in the Lloydminster area.
- Must be a Canadian citizen or landed immigrant.
- In good academic standing.
- Must be enrolled in a full time program at an accredited Canadian postsecondary institution.

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### APPLICATION PROCESS

- The deadline for applications is July 31, 2025.
- Completed applications forms must be submitted to:
  - Lloydminster Region Health Foundation
  - Attention: Professional Development Fund
  - 4910 50 Street, Suite 116
  - Lloydminster, SK S9VoY5
  - [info@lrhf.ca](mailto:info@lrhf.ca)
- Applications must contain the following:
  - Complete Application Form
  - Copy of Official Transcripts
  - Professional Goals
  - Resume
  - Signed Declaration
  - Official Confirmation of Registration

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## 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

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## 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.

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## 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

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## APPLICANT'S DECLARATION

I hereby certify that the information submitted is correct.

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Applicant's Signature

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Date

## 2024 GENERAL HEALTH STUDIES SCHOLARSHIP APPLICATION

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

Mental Health Scholarship

Value: \$1,000 per recipient

### 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. _____ |

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### EDUCATIONAL BACKGROUND

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

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|----------|-----------------------|
| 1. _____ | Date completed: _____ |
| 2. _____ | Date completed: _____ |
| 3. _____ | Date completed: _____ |

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### 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.

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### 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.

## 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