

BROOKS & DISTRICT HEALTH FOUNDATION SCHOLARSHIP FUND

For Patient Related Health Care Professions

Available only to students who attend school in Brooks, Duchess or Rosemary (The Brooks & District Health Foundation service area)

Program (Mission Statement)

This program was established in 2015 to support and encourage education programs by assisting students in their quest for higher learning at a recognized post secondary institution.

Award Value

Total value of the award is \$1,000.00 to be distributed to one successful High School Graduate entering Post Secondary Education in a chosen health care profession who attend high school in the area served by the Brooks & District Health Foundation (Brooks, Duchess or Rosemary)

Deadline Date

Students meeting our criteria are invited to apply for the Brooks & District Health Foundation Scholarship by forwarding the required information to the following address by June 30th.

Please forward application along your last available transcript to:

Brooks & District Health Foundation Bag 300 Brooks AB T1R 1B3

The Brooks & District Health Foundation Scholarship Review Committee will select the student based on the following criteria:

- a) The recipient should be an all-around individual who has demonstrated academic achievement and/or outstanding leadership in their school or workplace.
- b) Citizenship and community involvement

Presentation of the Award

The successful candidate will be awarded a cheque in the amount of \$1,000.00 upon receipt of confirmation of registration at a recognized post secondary institution.

In the event that no applicant meets the criteria of the scholarship, the scholarship will not be awarded that year.

Brooks & District Health Foundation Scholarship Application Form

Date	_		
I	Personal Infor	mation	
Last Name		First Nam	e
Middle Name		Gender _	
Date of Birth (M/D/Y)			
Social Insurance Number			
	Address		
Permanent Address			
City or Town	Province _		Postal Code
Phone Number Home ()		Cell (_)
E-mail Address			
	History		
Name of High School			
Name of Post Secondary Institu	tion Entering		
	Activity Rec	ord	·
Please list the three activities with	nin either the sc	hool or the	community that have been
most important to you over the pa	st three years a	nd state wh	y each was important.
1) ACTIVITY			
YOUR ROLE AND PERIOD			
IMPORTANCE			

LVEMENT
LVEMENT
LEADERSHIP ACTIVITIES ACHIEVEMENTS &/OR HONOURS (school or community)
*
*
*
*
*
* * * HOBBIES, PERSONAL INTERESTS
* * * HOBBIES, PERSONAL INTERESTS
* HOBBIES, PERSONAL INTERESTS ATHLETICS, ARTISTIC ACTIVITIES
* HOBBIES, PERSONAL INTERESTS ATHLETICS, ARTISTIC ACTIVITIES *
* HOBBIES, PERSONAL INTERESTS ATHLETICS, ARTISTIC ACTIVITIES *

References

Three letters of reference (not from relatives) must be included with the application. At least one of the letters must be from the following individuals;

- Classroom Teacher, Student Counselor or Principal who personally knows you and your achievements for at least one full year.
- A recent employer or from a prominent member of a volunteer organization you were involved with for at least one full year.
- A prominent member or a religious leader of your community that has known you for at least one full year.

α_{4}	1 4	CI.	4 4	4
S fii	apni	•	tatem	ant
niu	ucn		alti	

In your own words, state why you wish to study in the health care field. In a short essay (one or two paragraphs) state your reason why the health care profession is important to you.

Declaration of Applicant
Having read the instructions, I declare that:
 I am making application for the Brooks and District Health Foundation High School Scholarship. I have answered all questions applicable to me and that all of the information given is true and complete. I accept that, in many award decisions, there is some subjectivity involved because qualitative aspects are being considered among applicants with varying personal circumstances. Further to the provisions of the Freedom of Information and Protection of Privacy Act, I give permission for the following disclosures/exchanges of personal
information to determine my eligibility and/or suitability (academic and /or behavioral and/or financial) for my intended award as part of the review and administration of my application. I give the Brooks & District Health Foundation Review Committee permission to contact my references.
• I accept that a normal part of the scholarship program is the release of selected information about award recipients, including myself, of an identifying nature (e.g. name, program, home town and photograph) to the media as a part of the process of community relations of the Brooks and District Health Foundation.

Date

Signature (In Ink)