



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 _____

Personal Information

Last Name _____ **First Name** _____

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 Institution Entering

Activity Record

Please list the three activities within either the school or the community that have been most important to you over the past three years and state why each was important.

1) **ACTIVITY** _____

YOUR ROLE AND PERIOD OF INVOLVEMENT _____

IMPORTANCE _____

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.

Signature (In Ink)

Date