HUNTSVILLE HOSPITAL AUXILIARY HEALTH SCIENCES SCHOLARSHIP
STUDENT SCHOLARSHIP GUIDELINES 2016

Purpose:
To assist deserving graduating high school students who reside in communities served by the Huntsville District Memorial Hospital, who wish to pursue postsecondary education in the area of Health Sciences.

Sponsor:
Huntsville Hospital Auxiliary.

Criteria for Selection of Candidate:

1. The student must be graduating from Huntsville High School
2. The student must be accepted into a recognized postsecondary school in the Health Sciences field.
3. Best candidates will have contributed to their school and community in a volunteer or participatory capacity.
4. The student is required to submit the application form and a working transcript signed by an authorized school representative.
5. Written references are required.

Selection Process:

The Executive Board of the Huntsville Hospital Auxiliary will make the final selection and forward decisions to the school Guidance Department and to the applicants. The Executive Board may call upon others from the community to assist in the selection process.

Annual Value:

The number of scholarships and the amount of each award shall be at the discretion of the Huntsville Hospital Auxiliary and will be reviewed each year. The minimum individual scholarship will be for **$1000.**

Presentation:

Successful candidates will be invited to our General Meeting in June. A certificate will be awarded at the Graduation Ceremony. Upon receipt of the required documentation from the Registrar's Office, showing proof of enrolment by the student in an applicable program, their cheque will be prepared and delivered.

Application deadline: Forward all applications to the President of the Auxiliary by **May 16, 2016.**

Attn: President
Huntsville Hospital Auxiliary
100 Frank Miller Drive
Huntsville ON P1H 1H7

Drop in the mail by May 16th or
drop off at the Gift Shop between
9:30 a.m. – 6:00 p.m. on weekdays
or 12 noon until 3:00 p.m. on weekends.

Huntsville Hospital Auxiliary Health Sciences Scholarship

Student Application Form

Please answer the following. *Additional pages may be included.*

Applicant's Given Name	Applicant's Surname
Telephone Number	Secondary Contact Number (if applicable)
Address	
Date of Birth (Year/Month/Day)	
Age as of June 30 of graduating year	Years of Secondary Education
Present School	Grade Average
Present School Address	
Guidance Counsellor's Name (print)	Guidance Counsellor's Phone Number/ Ext.
Guidance Counsellor's Signature	
Expected Post-Secondary School	
Programme of Studies	
School Activities	
Sports	

Community Volunteering
Demonstrated Leadership
Returning to Community
Co-op in Hospital/Fairvern
Part-time Employment
Other Scholarships
Financial Need
Letters of Reference

I hereby grant permission to the Huntsville Hospital Auxiliary to contact the school or my parents to request further information about me if they see fit.

Applicant's Signature: _____

Signature of parent/guardian if applicant under 18: _____

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