

# Health Sciences Scholarship Student Application Form



The purpose of this scholarship is to assist deserving graduating high school students who reside in communities served by the Huntsville District Memorial Hospital and who wish to pursue post-secondary education in the area of health sciences.

## Requirements

1. The student must be graduating from Huntsville High School or Almaguin Highlands Secondary School.
2. The student must be accepted into a recognized post-secondary school in the Health Sciences field.
3. Best candidates will have contributed to their school and/or community in volunteer or participatory capacities going beyond the usual high school volunteer requirements.
4. The student is required to submit the application form and a working transcript signed by an authorized school representative.
5. Three reference letters are required (from non-family) and should be electronically submitted with this application and with contact information for each letter writer.
6. The student must also prepare an essay of approximately 250 words expressing suitable candidacy for the award.

## Selection Process

Members of the Executive Committee will make the final selection based upon students meeting the above criteria, the content of the reference letters submitted, and a common scoring sheet when looking at the application forms. The students, the Guidance Department and the Graduating Committee will then be notified of the selection. The committee 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 individual scholarship will be for \$1,000.

**Applicant's Name \***

**Applicant's Address \***

**Postal Code \***

**Applicant's Telephone Number \***

**Email Address \***

**What school are you presently enrolled at? \***

**What is your age as of June 30 of your graduating year? \***

**What is your grade average? \***

**What school activities and/or sports have you been involved in?**

**Please share any volunteering at school and/or in the community**

**Please describe how you have demonstrated leadership.**

**What, if any, co-op experience do you have? Describe when and where.**

**Please describe any part-time employment.**

**What is your Guidance Counsellor's name? \***

**What is your Guidance Counsellor's telephone number and extension? \***

**Where do you plan to attend post secondary school? \***

**What is the health sciences program you plan to study? \***

**Please list other scholarships or bursaries that you have applied for and/or received, and the values of those scholarships or bursaries.**

**Please write an essay of approximately 250 words explaining why you feel you are an appropriate candidate to receive this scholarship. \***

**Please provide the names of and contact information for three (3) references. \***

**Please also upload three (3) reference letters. \***

**I hereby grant permission to the Huntsville Hospital Auxiliary to contact the school and/or my references to request further information about me if they see fit. \***

**If you are under 18 years of age, please have your parent or guardian sign here**

**Please upload your secondary school transcript. \***

# Thank you for submitting your application.

Successful candidates will be invited to a future Auxiliary General Meeting. A certificate will be awarded at a time and place to be determined, dependent upon COVID-19 restrictions. Upon electronic 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.