

Joanne Overguard Memorial

Registered Nurse Scholarship



**SUNDRE HOSPITAL
FUTURES**

**SUNDRE HOSPITAL FUTURE'S COMMITTEE
SUNDRE HEALTH PROFESSIONAL ATTRACTION & RETENTION COMMITTEE (SHPARC)**

Joanne Overguard Memorial

Registered Nurse Scholarship

OBJECTIVE: To financially support a Registered Nursing student from the Sundre area who has graduated from the Sundre High School or alternate in the trading area within the past two years and has been accepted into a Baccalaureate of Nursing (BN, BScN) program. Alternately, an applicant must have lived in the Sundre area for the past three years and presently be enrolled in an Alberta Baccalaureate of Nursing program entering the third or fourth year of the program. Ideally, the scholarship recipient wishes to pursue a career in rural facility practice.

VALUE: **One thousand dollars** (\$1,000.00) – One award to be presented each calendar year at the Sundre Hospital Future’s Committee Gala by the SHPARC representatives.

GUIDELINES:

- ❖ Applicant must have a minimum academic performance of 75% average in their Grade 12 year or a GPA of 3.0 in each year of University. Include a copy of the Grade 12 transcript or a copy of the most recent university academic performance.
- ❖ The student must demonstrate outstanding qualities in areas of leadership, volunteerism in the community and involvement in extra-curriculum activities.
- ❖ Applicants must have the endorsement of their Guidance Counselor or Principal or Nursing Faculty Staff with their application attesting they are qualified for this scholarship.
- ❖ Application deadline is October 22, 2018 by 4:00 PM at the Sundre Hospital Reception desk.
- ❖ Scholarship funds will be paid directly to the post-secondary institution and not to the student. It will be the student’s responsibility when selected, to submit to the Sundre Hospital Future’s Committee an invoice for second semester tuition and fees, student ID number and Admissions Department university information.

APPLICATION PROCEDURE:

- ❖ Application form may be obtained from:
 - Gerald Ingeveld, Chair of the Hospital Future’s Committee - doublenranch@explornet.com or phone 403-638-2356
 - Application may be mailed to Bag 3, Sundre Hospital & Care Center, Sundre AB T0M 1X0
or hand delivered during business hours to the Reception Desk, Sundre Hospital & Care Center.

- ❖ Include letters of support from the High School Guidance Counselor or Principal, or Nursing Faculty Staff and a community organization or individual illustrating the student's volunteerism and leadership activities.
- ❖ Submit a one (1) page summary (approximately 500 words) written by the applicant listing academic honors, awards and activities while in school or university. List your past and current examples of community volunteering, leadership and extra-curricular activities. Describe how your experiences have influenced your career choice to be a Registered Nurse. Also discuss any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in university and beyond.

SELECTION PROCESS: A small committee of Sundre Health Professional Attraction and Retention Committee (SHPARC) members will judge all applicants according to academic success in the previous year, leadership, community/faculty volunteerism, extra-curricular activities and letters of support. The recipient may receive this scholarship only once.

PRESENTATION OF THE AWARD:

- ❖ The scholarship will be presented at the Annual Hospital Future's Gala event.
- ❖ The recipient (or family representative) **MUST** be present to receive the award or it will be given to the next applicant in order of meeting the selection process.

JOANNE OVERGUARD MEMORIAL

REGISTERED NURSE SCHOLARSHIP

PLEASE PRINT YOUR ANSWERS:

1. Last Name:	First Name:
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2. Mailing Address: Postal Code:

3. Daytime Telephone Number: () Email Address:

4. Date of Birth: Month Day Year

5. Grade 12 Academic percentage average:

Or University GPA on a 4.0 scale:

6. Name and location of High School attended:

Or Location of Baccalaureate of Nursing and Year completed:

7. Please provide the name of the Alberta post-secondary institution approved for acceptance into a Baccalaureate of Nursing program (BN, BScN):

8. Name and address of parent(s) or legal guardian(s), if applicable:

Name(s):

Address:

Home Phone:

Business Phone:

9. On a separate page, please write an approximately 500-word essay highlighting academic honors, awards and membership activities while in High School and/or university. List your hobbies, outside interests, extracurricular activities and school related volunteer activities. List any non-school volunteer and leadership activities in the community. Discuss challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in university and a nursing career.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above noted information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the Joanne Overguard Memorial Registered Nurse Scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Registered Nurse Scholarship policy, I must be present at any potential awards ceremony or reception in the Town of Sundre or area to receive my award.

I hereby understand that if chosen as a scholarship winner, according to the Registered Nurse Scholarship policy, it is my responsibility remit to the Hospital Future's Committee and the SHPARC the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: X _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Joanne Overguard Memorial Registered Nurse Scholarship.

Name of Guidance Counselor/Faculty Staff submitting the application:

High School and/or University _____

Contact information (email and phone): _____

Signature of HS Guidance Counselor or Faculty Staff X _____

DATE: _____

CHECKLIST: _____ Application _____ Essay of Resume/Activity _____ Community Recommendation

_____ Guidance Counselor/Principal/Faculty Signature _____ School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO: REGISTERED NURSE SCHOLARSHIP COMMITTEE,

c/o Sundre Hospital & Care Center, Bag 3, Sundre AB TOM 1X0