

HEALTH CAREERS SCHOLARSHIP



SUNDRE HOSPITAL FUTURES

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

HEALTH CAREERS SCHOLARSHIP

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

OBJECTIVE: To financially support a student from the Sundre area who has graduated from Sundre High School or alternate in the Sundre trading area within the past five (5) years or a permanent resident for the past 3 years and is pursuing an eligible health care career applicable to a rural setting.

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

GUIDELINES: Applicants must:

- ❖ Be a Canadian citizen and resident of the Sundre area. The student must have been a graduate of Sundre High School or equivalent in the Sundre trading area within the past 5 years or be a permanent resident of Sundre for the past 3 years.
- ❖ Have a minimum academic performance of 75% average in their Grade 12 year or a GPA of 3.0 out of 4.0 in each year of university. Include a copy of the Grade 12 transcript or a copy of the most recent university academic performance.
- ❖ Demonstrate acceptance into a health care career that would be applicable to a rural setting.

EXAMPLES:

- Nursing - Baccalaureate (RN), Licensed Practical Nurse (LPN), Health Care Aide (HCA)
 - Diagnostics - Combined X-ray/Lab Technician
 - Rehabilitation - Physiotherapist (PT) Occupational Therapist (OT), PT or OT aide, Recreational Therapist or RT aide
 - Pharmacy - Pharmacist/Pharmacy Assistant
 - Mental Health Therapist
 - Health Information Management - Health Information Manager or Health Information Technician
- ❖ Demonstrate outstanding qualities in areas of leadership, volunteerism in the community and involvement in extra-curricular activities.
 - ❖ Have the endorsement of their Guidance Counsellor, school Principal or Faculty Staff with their application attesting they are qualified for this scholarship.
 - ❖ As 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 Hospital Future's Committee an invoice for second semester tuition and fees, student ID number and Admissions Department university information.

APPLICATION PROCEDURE:

- ❖ Application forms may be obtained from:
 - Gerald Ingeveld, Chair of the Hospital Future's Committee - doublenranch@xplornet.com or phone 403-638-2356

- Sundre High School Guidance Counsellor
- ❖ Applications can be mailed to Bag 3, Sundre Hospital & Care Center, Sundre, AB T0M 1X0, or hand delivered to the Reception Desk during business hours at the Sundre Hospital & Care Center.
- ❖ Include letters of support from the High School Guidance Counsellor, Principal or University Faculty member 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 in a Healthcare career applicable to a rural site. Also discuss any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in university or technical school 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/Post- Secondary 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 their meeting the selection process.

HEALTH CAREERS SCHOLARSHIP APPLICATION

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

PLEASE PRINT YOUR ANSWERS

1. Last Name:	First Name:	
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 University/Post-Secondary Institution:		
7. Please provide the name of the Alberta institution approved for acceptance into a post-secondary program.		
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 stated 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 this Health Careers 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 Health Careers Scholarship policy, I must be present at many potential awards ceremony or reception in the Town of Sundre, Alberta, to receive my scholarship awarded.

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

I 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 (Equivalent)

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Health Careers Scholarship.

Name of Guidance Counselor/Faculty staff submitting the application:

High School and/or University:

Contact information (email and phone):

Signature of High School Guidance Counselor or University Faculty staff:

X _____ Date: _____

Checklist

_____ Application _____ Essay of Resume/Activity Sheet _____ School Transcript

_____ Guidance Counselor/Principal Faculty signature _____ Community Recommendation

MAIL COMPLETE APPLICATION PACKAGE TO THE:

HEALTH CAREERS SCHOLARSHIP COMMITTEE c/o Sundre Hospital & Care Center, Bag 3, Sundre, AB T0M 1X0