



**CONFIDENTIAL**

## Application

Please place a check mark beside the scholarship(s) you wish to apply for:

### General Health Sciences:

- Ken Stanley Memorial Scholarship*
- George Phillips Scholarship*

### Nursing:

- Goodfellow Nursing Scholarship*
- Pat Redden Memorial Scholarship*

**Submission Deadline: June 30**

If June 30<sup>th</sup> is not a business day, applications will be accepted on the following business day.

### I. Applicant Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ \*required

**II. Program Information**

Name/Title of Program: \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Commencement Date of Program: \_\_\_\_\_

Anticipated Date of Program Completion: \_\_\_\_\_

Year of Study Completed:  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  Other

Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of full-time attendance this coming year: \_\_\_\_\_ to \_\_\_\_\_

**List of courses to be taken during this year:**

(Please provide course name, number and credit hours)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

**\* Please provide a copy of official transcripts \***

**III. Financial Information**

<b>Monthly Expenses</b>	<b>Total</b>
Housing & Utilities (Rent, Water, Heating)	
Clothing	
Transportation	
Child Care / Babysitting	
Exceptional Expenses (i.e. Med) – List	
Other (Books, Tuition, Etc.)	
<b>Total Monthly Expenses</b>	<b>\$</b>

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**IV. Educational Background:**

1. \_\_\_\_\_ Date completed: \_\_\_\_\_
2. \_\_\_\_\_ Date completed: \_\_\_\_\_
3. \_\_\_\_\_ Date completed: \_\_\_\_\_

**V. Scholarships/Bursaries**

Please list additional scholarships or bursaries that you have applied for or will be applying for this upcoming term:

1. \_\_\_\_\_ Amount : \_\_\_\_\_
2. \_\_\_\_\_ Amount : \_\_\_\_\_
3. \_\_\_\_\_ Amount : \_\_\_\_\_

**VI. Professional Goals**

On a separate page, please submit a written statement outlining why you chose the health profession and why you wish to work in Lloydminster upon completion. Also describe the contribution you will be able to make to the practice as a result of this study.

**VII. Letters of Reference**

1. Please ensure a letter of reference from an **accredited Instructor** is submitted with the application form. **Those giving letters of reference should speak to the specific qualities of the candidate being recommended for the award.**
2. **Personal letter of reference (see appendix #)**

**Application deadline: June 30**

**VIII. Resume**

Please include a copy of your resume along with your application.

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**IX. Successful Scholarship Recipient**

The award recipient must provide the LRHF with a brief report detailing the progress of his/her studies within one year.

Recipients in a given year may not apply for any other LRHF scholarship in the subsequent year. Applicants may not apply for any other LRHF scholarship in the same year.

Successful recipients will be advised by September 30<sup>th</sup> of each year – funds will not be awarded until proof of registration is received by the Foundation office.

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**X. Applicant's Declaration**

I hereby certify that the above information is correct.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

.....  
**For Committee Use Only:**

Letter of Reference: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Disposition:                      Approved \_\_\_\_\_                      Rejected: \_\_\_\_\_



## Confirmation of Registration

Submitted by: Registrar in Training program. (State position held)

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(Name and Address)

On behalf of: \_\_\_\_\_  
(Name of Applicant)

Institution: \_\_\_\_\_

Program Name: \_\_\_\_\_

Confirmation of Enrolment for: \_\_\_\_\_

Signed by: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM –  
WITH SCHOLARSHIP APPLICATION TO:

Lloydminster Region Health Foundation  
Attention: Scholarships  
3820 43 Avenue  
Lloydminster, SK S9V 1Y5

NOTE: CANDIDATE **WILL NOT BE** CONSIDERED UNLESS ALL  
DOCUMENTATION IS RECEIVED





## Application Checklist

Please check off each section when finished to ensure a fully-completed Scholarship Application:

- Program Information
  
- Official Transcripts
  
- Statement Outlining Professional Goals
  
- References
  - Personal Reference
  - Accredited Professional Reference
  
- Resume
  
- Official Confirmation of Registration
  
- Signed Declaration