

## 2021 General Lloydminster Healthcare Auxiliary

The Lloydminster Region Health Foundation is proud to offer several health-related scholarships through our scholarship program. This program would not be possible without the support of many generous donors who commit year after year.

### Lloydminster Healthcare Auxiliary Scholarship – Joan Bellward Scholarship

(1) \$600.00 Scholarship per year, awarded to Grade XII student or 2<sup>nd</sup> year student that is residing in the Lloydminster Hospital district and who has been accepted in a Nursing course.

### Lloydminster Healthcare Auxiliary Bursary

(1) \$600.00 Bursary per year, awarded to Grade XII student residing in the Lloydminster Hospital district and who has been accepted for a course in technology, therapy, medical, librarian, or other health related course.

This includes High School completion of Grade 12 at Lloydminster Comprehensive High School, Holy Rosary High School, Hillmond Central School, Kitscoty High School, Paradise Valley – High School, and Marwayne.

### ELIGIBILITY CRITERIA:

- Applicants must be a permanent resident in the Lloydminster area.
- Must be a Canadian citizen or landed immigrant.
- In good academic standing.
- Must be enrolled in a full-time program at an accredited Canadian postsecondary institution.

### APPLICATION PROCESS:

- The deadline for applications is August 20<sup>th</sup> 2021.
- Completed applications forms must be submitted to:

Mrs. Wilma Bodnard

3005 – 51A Ave

Lloydminster, AB T9V 1L9

**SELECTION CRITERIA:**

- The following criterion is used to weigh applications:
  - Shows a genuine interest in the healthcare field.
  - The student’s experiences and electives reflect this interest.
  - The student has been involved in the community and/or community-based projects and has shown leadership in these activities.
  - The student possesses excellent interpersonal and communication skills.
  
- Priority will be given to:
  - Healthcare occupations that will benefit the Lloydminster Hospital and Healthcare Providers within the region.
  - Demonstrate commitment and dedication to his/her field of study

**APPLICANT’S DECLARATION:**

I hereby certify that the information submitted is correct.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

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

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Joan Bellward Scholarship                 | Value: \$600.00 per recipient |
| <input type="checkbox"/> Lloydminster Healthcare Auxiliary Bursary | Value: \$600.00 per recipient |

**APPLICANT INFORMATION:**

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

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

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

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Their Occupation: \_\_\_\_\_

**PROGRAM INFORMATION:**

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

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

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

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

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

Anticipated Completion Date: \_\_\_\_\_

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

\_\_\_\_\_

**PROFESSIONAL GOALS:**

Providing a vacancy exists in your chosen field in the Lloydminster Hospital, would you be willing to serve in if for a period of one year? \_\_\_\_\_

**RECOMMENDATION OF SCHOOL AUTHORITIES:**

I hereby declare that \_\_\_\_\_ attended \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.

AND that his/her attitude, character and ability were satisfactory.

\_\_\_\_\_  
Signature Date

**APPLICANT:**

Please complete and submit with a transcript or proof of Grade XII standing by August 20<sup>th</sup> along with a short resume and an acceptance letter from the University or College you will be attending. Lakeland College University Transfer Program will not be accepted. If the course is uncompleted by the recipient, a refund is expected.

**SUBMIT TO:** Mrs. Wilma Bodnard

3005 – 51A Ave

Lloydminster, AB T9V 1L9

For further information, phone: (780) 875-4936 and leave a message.