

Enhancing healthcare. Together.

2023 NURSING SCHOLARSHIPS STUDENT APPLICATION

The Lloydminster Region Health Foundation is proud to offer the following nursing scholarships through our scholarship program:.

Pat Redden Memorial Scholarship

(1) \$5000.00 Scholarship per year

Pat Redden was a pillar of the Hillmond and Lloydminster communities, involved in nursing, sports, friends, neighbors and most dear to her heart, family. Pat spent many years as a registered nurse at the Lloydminster Hospital, with a reputation for her warmth and care for each and every patient. Later in Pat's career she began teaching nursing students from Grant MacEwan College, helping students succeed through her own energy and enthusiasm for nursing. When Pat succumbed to her battle with cancer, it was very important to her family and friends to provide a legacy of care that would reflect Pat's dedication to nursing. Since 2007, The Pat Redden Memorial Scholarship has been supporting nursing students in successfully completing their studies and assisting in meeting future staffing needs of nursing professionals in Lloydminster.

Jane Ruptash Scholarship

(1) \$5000.00 Scholarship per year

Jane Ruptash was a proud nurse whose long career at the Lloydminster Hospital embodied compassion and excellent care aimed at alleviating suffering. She was known as a passionate advocate for nursing. In her memory, the Ruptash family created an endowment to annually support a scholarship for a nursing student who has successfully completed their first year in an accredited program leading to an RN designation. This investment in the future of nursing is what Jane would have wanted and is meant to be an enduring legacy that fosters the vision of healthcare that Jane exemplified.

Goodfellow Scholarships

Multiple \$1000.00 Scholarships (RN) and \$500.00 Scholarships (LPN) per year

Miss Goodfellow enjoyed excellent health for most of her life, and was a patient in Lloydminster Hospital for a brief period in 1985. "It is our understanding that Miss Goodfellow was so impressed with the nursing care she received at that time that she bequeathed a significant portion of her estate to the Foundation to support health services and the nurses who provide them. Miss Goodfellow recognized the important roles nurses play and wanted to ensure Lloydminster nurses had access to funding to maintain this high quality of care." The endowment fund provides for the creation of a scholarship for Lloydminster students pursuing a nursing career.

ELIGIBILITY CRITERIA

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

Pat Redden Memorial Scholarship

Must be enrolled and have successfully completed their second year in an accredited program in nursing leading to a RN designation

Jane Ruptash Scholarship

Must be enrolled and have successfully completed their first year in an accredited program leading to an RN designation

Goodfellow Nursing Scholarship

- Must be enrolled and have successfully completed 50% of a minimum two (2) year accredited program in nursing leading to:
 - Diploma in Nursing
 - Bachelors in Nursing
 - Master in Nursing

APPLICATION PROCESS

- The deadline for applications is July 31, 2023.
- Completed applications forms must be submitted to:

Lloydminster Region Health Foundation

Attention: Scholarships

4910 50 Street, Suite 116

Lloydminster, SK S₉V oY₅

- Applications must contain the following:
 - Complete Application Form
 - Copy of Official Transcripts
 - Professional Goals
 - Resume
 - Signed Declaration
 - Official Confirmation of Registration

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.
 - Students in the latter half of their program.
- Demonstrate commitment and dedication to his/her field of study

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 may not apply for the same LRHF scholarship in the subsequent year.
- > Successful recipients will be advised by mid-August of each year. Funds will not be awarded until proof of registration is received by the Foundation Office.

2023 NURSING SCHOLARSHIPS APPLICATION

| Place a check mark beside the scholarship(s) you wish to app | .,, 101. | | |
|--|---|--|--|
| ☐ Pat Redden Memorial Scholarship | Value: \$5,000 per recipient | | |
| ☐ Jane Ruptash Memorial Scholarship | Value: \$5,000 per recipient | | |
| ☐ Goodfellow RN Nursing Scholarship | Value: \$1,000 - \$2,000 per recipient | | |
| ☐ Goodfellow LPN Nursing Scholarship | Value: \$500 per recipient | | |
| APPLICANT INFORMATION | | | |
| Name of Applicant: | | | |
| Mailing Address: | City: | | |
| Province: | Postal Code: | | |
| Daysanal Dhana | Work Phone: | | |
| Personal Phone: | | | |
| E-mail Address: | Social Insurance Number: | | |
| | | | |
| E-mail Address: | | | |
| PROGRAM INFORMATION | Social Insurance Number: | | |
| PROGRAM INFORMATION Name/Title of Program: | Social Insurance Number: | | |
| E-mail Address: PROGRAM INFORMATION Name/Title of Program: Undergraduate: | Social Insurance Number: | | |
| PROGRAM INFORMATION Name/Title of Program: Undergraduate: Other (Specify): | Social Insurance Number: | | |
| E-mail Address: PROGRAM INFORMATION Name/Title of Program: Undergraduate: Other (Specify): Institution: | Social Insurance Number: | | |
| E-mail Address: PROGRAM INFORMATION Name/Title of Program: Undergraduate: Other (Specify): Institution: Mailing Address: | Social Insurance Number: | | |
| PROGRAM INFORMATION Name/Title of Program: Undergraduate: Other (Specify): Institution: Mailing Address: Province: | Social Insurance Number: | | |
| E-mail Address: | Social Insurance Number: | | |
| PROGRAM INFORMATION Name/Title of Program: Undergraduate: Other (Specify): Institution: Mailing Address: Province: | Social Insurance Number: Graduate: City: Postal Code: Expected Completion Date: 3rd year | | |

| List of courses to be taken during this y | ear: (Please provide cour | rse name, number and cree | dit hours) | |
|--|---------------------------|---------------------------|---------------------------|--|
| 1 | 2 | | | |
| 3 | 4· | | | |
| 5 | 6 | | | |
| 7 | 8 | | | |
| 9 | 10 | | | |
| | | | | |
| EDUCATIONAL BACKGROUND * This is in addition to providing a copy of a | | | | |
| 1 | • | mpleted: | | |
| 2 | Date cor | mpleted: | | |
| 3 | | mpleted: | | |
| | | | | |
| PROFESSIONAL GOALS | | | | |
| *Submit as a separate attachment. | | | | |
| Submit a written statement outlining w upon completion. Also describe the co | | | • | |
| RESUME | | | | |
| * Submit as a separate attachment. | | | | |
| Include three personal or professional r | eferences with contact in | formation. Submit a copy | of your resume along with | |

Include three personal or professional references with contact information. Submit a copy of your resume along with your application.

| Applicant's Signature | Date |
|--|----------------------------------|
| I hereby certify that the above information is correct. | |
| APPLICANT'S DECLARATION | |
| | |
| ☐ Official Confirmation of Registration | |
| ☐ Signed Declaration | |
| ☐ Resume | |
| ☐ Professional Goals | |
| ☐ Copy of Official Transcripts | |
| ☐ Complete Application Form | |
| Check off each section when finished to ensure a fully-com | ppleted Scholarship Application: |
| APPLICATION CHECKLIST | |

CONFIRMATION OF REGISTRATION

To be completed by the Registrar or Registrar Designate

| City: |
|----------------|
| Postal Code: |
| Position Held: |
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| |
| |
| Date |
| |

PLEASE RETURN COMPLETED FORM WITH SCHOLARSHIP APPLICATION.

NOTE: Applicant will not be considered unless all documentation is received