

**DUSTIN MCCONNELL MEMORIAL SCHOLARSHIP APPLICATION**

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 and the "Dustin McConnell Memorial Golf Tournament."

Dustin Cody McConnell passed away in Lloydminster on Saturday, July 17, 2010 at the age of 17 years. Dustin drowned while swimming at Sandy Beach. After learning that his life may have been saved had paramedics attended to him at the scene, Alana McConnell, Dustin's mother, has put much effort and time into helping ensure the Lloydminster and Region ambulance services are able to provide the highest standard of response when needed. Alana is keeping the legacy of her son alive by raising funds for a Health Care Scholarship.

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

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

Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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

Dustin McConnell Memorial Scholarship      Value: Up to \$1,500 per year awarded

**FOR LRHF OFFICE USE ONLY**

Scholarship Awarded: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## ELIGIBILITY CRITERIA

- Applicants must be a permanent resident in the Lloydminster area.
- Must be a Canadian citizen or landed immigrant.
- In good academic standing.
- Be registered in a health care related field of study.

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## APPLICATION PROCESS

- Applications are accepted throughout the year.
- Completed applications forms must be submitted to:

Lloydminster Region Health Foundation  
Attention: Scholarships  
4910 50 Street, Suite 116  
Lloydminster, SK S9V 0Y5

- Applications must contain the following:
  - Complete Application Form
  - Copy of Official Transcripts
  - Professional Goals
  - Resume
  - References and Letter of Recommendation
  - Official Confirmation of Enrollment

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## 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

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## 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 scholarships in the subsequent year.
- Successful recipients will be notified within a couple months of their submission. Funds will not be awarded until proof of registration is received by the Foundation Office.

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## APPLICATION CHECKLIST

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

- Complete Application Form
- Copy of Official Transcripts
- Professional Goals
- Resume
- References and Letter of Recommendation
- Official Confirmation of Enrollment

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## APPLICANT'S DECLARATION

I hereby certify that the information submitted is correct.

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

\_\_\_\_\_  
Date

## DUSTIN MCCONNELL SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

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

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

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

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

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

### PROGRAM INFORMATION

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

Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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

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

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

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

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

Year of Study Completed:  1st year  2nd year  3rd year  4th 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. _____ |

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### EDUCATIONAL BACKGROUND

\* This is in addition to providing a copy of *official* transcripts

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|----------|-----------------------|
| 1. _____ | Date completed: _____ |
| 2. _____ | Date completed: _____ |
| 3. _____ | Date completed: _____ |

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### PROFESSIONAL GOALS

\*Submit as a separate attachment.

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.

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### COMMUNITY INVOLVEMENT

\*Submit as a separate attachment.

Submit a list of places and organizations you have volunteered for explaining your involvement and why it was important to be involved.

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### RESUME

\* Submit as a separate attachment.

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

## CONFIRMATION OF ENROLLMENT

Fill in Institution Information and attach confirmation of enrollment at noted institution.

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### INSTITUTION INFORMATION

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

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

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

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM WITH SCHOLARSHIP APPLICATION.**

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