

## **Huntsville Hospital Auxiliary 2019 Staff Scholarship Guidelines**

**Purpose:** To assist a staff member who is pursuing further educational studies and is a staff member at Huntsville District Memorial Hospital.

**Sponsor:** Huntsville Hospital Auxiliary

### **Criteria for selection of Candidates:**

1. The applicant must be a staff member or volunteer who has been a team member for at least one year and who wishes to further their education.
2. The studies must be at a recognized post-secondary school programme that relates directly to his/her assignment within the Huntsville Hospital.
3. Many factors may be used to determine the successful candidate, such as his/her contribution, personal qualities, financial need, academic achievement, the candidate's commitment to Huntsville
4. Hospital and the Auxiliary, and participation in Community activities. The candidate's triumphs, goals, aspirations may also be included in the consideration.

### **Selection Process:**

The Executive Board of the Huntsville Hospital Auxiliary will make the final selection. The Executive may call upon others from the community to assist in the selection process.

### **Applications Deadline:**

Applications must be forwarded to the President of the Huntsville Hospital Auxiliary by May 17, 2019.

### **Annual Value:**

The number of scholarships and the amount of each award shall be at the discretion of the Huntsville Hospital Auxiliary and will be reviewed each year. The minimum individual scholarship will be \$500.

### **Presentation:**

Recognition and a formal announcement will be made at the Huntsville Hospital Auxiliary's General Meeting in June.

Write no more than one page explaining why you feel you would be a good candidate for this award. You may want to discuss personal qualities, financial need, academic achievement and your personal commitment to health care in the community. Your participation in community activities, your triumphs, goals and aspirations can also be included.

Be prepared to be called for an interview at the discretion of the Huntsville Hospital Auxiliary scholarship selection committee.

*Note: This applies to Huntsville Hospital site only.*

**Huntsville Hospital Auxiliary  
2019 Staff Application Form**

Please complete. Additional pages may be attached if required.

Applicant's Given Name	Applicant's Surname
Telephone (home)	Secondary Contact Number (work)
Address	
Department	
Manager/Supervisor Name (print)	Manager/Supervisor Phone Number/Ext.
Letter(s) of support  ( ) included    ( ) not included	Additional References & Contact Information

I hereby grant permission to the Scholarship Committee to contact my Supervisor/Manager to request further information about me if deemed necessary.

If I am successful, I give permission for the Huntsville Hospital Auxiliary to make public my award.

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

Applications can be mailed, post marked no later than May 17, 2019 to:

**David James, President  
Huntsville Hospital Auxiliary  
100 Frank Miller Drive  
Huntsville, ON P1H 1H7**

**Applications may also be dropped off at the Branches Gift Shop, attention David James, weekdays between 9:30 am and 5:30 pm or weekends from 12 noon until 3 pm up to 5 pm, Friday, May 17, 2019.**

**Huntsville Hospital Auxiliary  
2019 Staff Application Form**

Expected Post Secondary School	Programme Cost
Programme of Studies	
What volunteering have you done related to Health Sciences	
Community Activities	
What other volunteering have you done	
How have you demonstrated leadership (attach if necessary)	
List Scholarships/funding/reimbursement awarded, including the year received	
Attach an essay of approximately 250 words of why you should receive a scholarship	

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

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