

HUNTSVILLE HOSPITAL AUXILIARY
Health Sciences Scholarship
2019 Student Scholarship Guidelines

Purpose: To assist deserving graduating high school students who reside in communities served by the Huntsville District Memorial Hospital, who wish to pursue post secondary education in the area of Health Sciences.

Sponsor: Huntsville Hospital Auxiliary

Criteria for Selection of Candidates:

1. The student must be graduating from Huntsville High School.
2. The student must be accepted into a recognized post secondary school in the Health Sciences field.
3. Best candidates will have contributed to their school and community in a volunteer or participatory capacity.
4. The student is required to submit the application form and a working transcript signed by an authorized school representative.
5. Written references are required. Letters of support are welcome.

Selection Process:

The Executive Board of the Huntsville Hospital Auxiliary will make the final selection and forward decisions to the appropriate school Guidance Department and to the applicants. The Executive Board may call upon others from the community to assist in the selection process.

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 for \$500.

Presentation:

Successful candidates will be invited to our General Meeting in June. A certificate will be awarded at the Graduation ceremony. Upon receipt of the required documentation from the Registrar's Office, showing proof of enrolment by the student in an applicable programme, their cheque will be prepared and delivered.

Application deadline:

Forward all applications post marked no later than May 17, 2019 to:

David James, President
Huntsville Hospital Auxiliary
100 Frank Miller Dr.
Huntsville, Ontario P1H 1H7

Applications may also be dropped off at the Branches Gift Shop between 9:30 am and 5:30 pm on weekdays or 12 noon until 3 pm on weekends.

**Huntsville Hospital Auxiliary
Health Sciences Scholarship
2019 Student Application Form**

Please answer the following. Additional pages can be included.

Applicant's Given name	Applicant's Surname
Telephone Number	Secondary Contact Number (if applicable)
Address	
Date of Birth (Year/Month/Day)	
Age as of June 30 of graduating year	Years of Secondary Education
Present School	Grade Average
Present School Address	
Guidance Counsellor name (print)	Guidance Counsellor's Phone Number/ Ext.
Guidance Counsellor's Signature	
Expected Post Secondary School attendance at:	
Programme of Studies	
School Activities	
Sports	

Community Volunteering
Demonstrated Leadership
Returning to Community
Co-op in Hospital/Fairvern
Part-time Employment
Other Scholarships
Letters of Reference

I hereby grant permission to the Huntsville Hospital Auxiliary to contact the School or my parents to request further information about me if they see fit.

Applicant's Signature: _____

Signature of parent/guardian if applicant is under 18: _____

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