

DUCLOS HOSPITAL SOCIETY SCHOLARSHIP 2018

The **Duclos Hospital Society** is pleased to offer an annual continuous scholarship to students continuing their education in the health related field at any Canadian post- secondary institution. Generally, this would apply to medicine, pharmacy, dentistry, chiropractic, optometry, laboratory technician, x-ray technician etc. The scholarship will continue with the student for the duration of the chosen program to a maximum of 4 years. Continuation of the scholarship will be dependent upon satisfactory grade averages of the previous year, continued enrollment in a health related program and must be applied for annually.

The annual scholarship is **\$1,000.00. The total value is \$4,000.00.**

The conditions and criteria for the scholarship are as follows:

- Must be a student graduating from Bonnyville Centralized High School.
- A written application is to be submitted no later than **May 15**, to Duclos Hospital Society, 4510 – 43 Avenue, Bonnyville, AB T9N 1R4 Attention: Duclos Hospital Society Chairman
- The application form must be accompanied by a separate letter/essay explaining you educational goals, career goals, volunteer activities, community involvement, extra- curricular activities and how this scholarship will assist you. Please type this essay.
- The application submitted by **May 15** should consist of:
 - a) the application form
 - b) a separate letter or essay
 - c) transcript of high school marks to date (available from BCBS).
- Semester 2 final marks for non PDE courses (available from BCBS), Semester 2 PDE marks and an acceptance letter from a Canadian post-secondary institute indicating acceptance in your health related program must be submitted by **July 31**. You may scan and email these to mormandl@gmail.com . **DO NOT FORGET TO DO THIS AS YOU WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP IF WE DO NOT HAVE THESE.**

- Applicant's school marks are not the sole determination of eligibility for the scholarship award. The applicant will be evaluated on marks, attitude, school and community involvement, financial need, etc.
- Applicant accepts that the final decision remains with the Board of the Duclos Hospital Society.
- By applying for the scholarship, the applicant authorizes the principal and school to release pertinent information to help in the selection process.
- The successful candidate must submit confirmation of registration by **September 10 in order to receive the scholarship**. The scholarship will be presented at the awards night of the school.

APPLICATION FORM
\$4000.00 SCHOLARSHIP
(\$1000.00/year for four years)
DUCLOS HOSPITAL SOCIETY

NAME: _____

ADDRESS: _____

PHONE # _____ **CELL #** _____

POST SECONDARY INSTITUTION TO ATTEND: _____

STARTING DATE: _____

DURATION OF PROGRAM: _____

FACULTY _____

DEGREE SOUGHT: _____

CAREER SOUGHT: _____

EXTRA CURRICULAR ACTIVITIES AND VOLUNTEER ACTIVITIES: Expand on this in essay/letter.

HOW WILL THE SCHOLARSHIP HELP? Expand on this in essay/letter _____

I hereby authorize the Duclos Hospital Society to make any inquiries they deem necessary concerning the status of my application. I also authorize the school and principal to divulge the necessary information needed to properly evaluate my application.

Name: _____ **Date:** _____