

APPLICATION

Purpose

This scholarship is intended for high school students, students already in a qualifying program, and adults who are considering enrolling in a medical or health-related program in person or online. It is designed to provide financial support to students entering into eligible programs and encourage them to live and work in the Beaver County West region.

1. The DEADLINE for scholarship application is May 31.
2. Refer to criteria below for eligibility requirements.
3. Applicants must fill out all fields of the Application in order to be eligible
4. All applicants will be notified of the final decision.
5. Paper application must be submitted by mail.
Mail to: Box 1155,
Tofield, AB T0B 4J0

Award Components

A total of up to two \$1000 scholarships per year are available. The Scholarship Selection Committee will review applications, and successful applicants will be notified by June 30. Applicants are welcome to re-apply annually.

Criteria

Please provide the following:

- Scholarship application
- Short 500–750 word essay (with requirements listed on page 2)
- Proof of acceptance into a health or medical-related program
- Eligible Programs:
 - Nursing – Practitioner, Registered, Psychiatric, Licensed Practical, and Health Care Aids
 - Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic
 - Social Work, Psychology, Addictions Counselling, Mental Health Therapy
 - Physio, Occupational, Rehabilitation, Respiratory, Recreational Therapy
 - Optometry, Dietetics, Dentistry, Dental Hygiene, Pharmacy
 - X-ray/lab combined technicians
 - Bachelor's degrees, diplomas, and certificates may be considered if it is a requirement for entry into a health or medical faculty program.
- Proof of residence- To be eligible, applicants must provide proof of residence and call one of the following municipalities home: Beaver County West, Town of Tofield, Village of Ryley, or Village of Holden



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Community Attraction
& Retention Committee

Scholarship Application Form

PLEASE PRINT LEGIBLY

Applicant Last Name

Applicant First Name

Mailing Address

Town

Province

Postal Code

Phone Number

Current High School (of High School graduated from)

I have been accepted to or attend the following University or College:

The program I have been accepted to attend and enrolled in:

Year of study:

Write a short essay of 500-750 words that includes the following:

- The applicant's career plan of their knowledge of the type of work they will be able to find once they graduate from their area of study.
- Their commitment to working and applying their knowledge in a rural setting.
- Volunteer or prior work experience they have which applies or may have led to their decision to obtain education in a health or medical field.
- Any other information they would like to share related to their health or medical-related education field of choice that would help the selection committee come to a decision.

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, the scholarship fund shall only be used for education related expenses.

Signature of scholarship applicant

Date

Please mail completed application and other required information to: Box 1155 Tofield Alberta, T0B 4J0



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Scholarship Application Form

We are requesting permission to use the recipients name, program, year of study, the funding municipality you call home, and a photo to be published and communicated in writing on the following platforms:

- Tofield and Area Health Foundation website and social media
- Beaver County, Town of Tofield, Village of Ryley, Village of Holden websites and social media
- The Tofield Mercury newspaper
- The High School that the recipient is attending or graduated from.

The written communications will be sent to the recipient for review and approval prior to publishing. Recipients are welcome to rescind their consent for Tofield and Area Health Services Foundation to use personal information at any time.

Please provide consent should you be a successful recipient of a scholarship by signing your name here:

Signature of scholarship applicant

Date