



# SUNDRE HOSPITAL FUTURES

Hospital Future's Committee & SHPARC

## Health Careers Scholarship

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### OBJECTIVE

To financially support a student from the Sundre area who has graduated from Sundre High School (or an alternate school in the Sundre trading area) within the past five years, or who has been a permanent resident of the Sundre area for the past three years, and who is pursuing an eligible health care career applicable to a rural setting.

### VALUE

One thousand dollars (\$1,000.00) – one award presented each calendar year at the Sundre Hospital Future's Committee Gala by SHPARC representatives.

### GUIDELINES – APPLICANTS MUST:

- Be a Canadian citizen and resident of the Sundre area. The student must be a graduate of Sundre High School (or equivalent in the Sundre trading area) within the past 5 years, or a permanent resident of Sundre for the past 3 years.
- Have a minimum academic performance of 75% average in Grade 12, or a GPA of 3.0 out of 4.0 in each year of university. Include a copy of the Grade 12 transcript or the most recent university academic performance.
- Demonstrate acceptance into a health care career applicable to a rural setting, for example:
  - Nursing – Baccalaureate (RN), Licensed Practical Nurse (LPN), Health Care Aide (HCA)
  - Diagnostics – Combined X-ray/Lab Technician
  - Rehabilitation – Physiotherapist (PT), Occupational Therapist (OT), PT/OT Aide, Recreational Therapist or RT Aide
  - Pharmacy – Pharmacist / Pharmacy Assistant
  - Mental Health Therapist
  - Health Information Management – Health Information Manager or Health Information Technician
- Demonstrate outstanding qualities in leadership, volunteerism in the community, and involvement in extra-curricular activities.
- Have the endorsement of their Guidance Counsellor, School Principal, or Faculty Staff, attesting that they are qualified for this scholarship.
- Scholarship funds are paid directly to the post-secondary institution, not to the student. If selected, the student is responsible for submitting to the Hospital Future's Committee an invoice for second-semester tuition and fees, their student ID number, and Admissions Department university information.

### APPLICATION PROCEDURE

Application forms may be obtained from:

- Gerald Ingeveld, Chair of the Hospital Future's Committee – [doublenranch@xplornet.com](mailto:doublenranch@xplornet.com) or 403-638-2356
- Sundre High School Guidance Counsellor

Completed applications may be emailed to [info@sundrehospitalfutures.com](mailto:info@sundrehospitalfutures.com), mailed to Bag 3, Sundre Hospital & Care Center, Sundre, AB T0M 1X0, or hand-delivered during business hours to the Reception Desk, Sundre Hospital & Care Center.

- Include letters of support from the High School Guidance Counsellor, Principal, or University Faculty member, and from a community organization or individual illustrating the student's volunteerism and leadership activities.
- Submit a one-page summary (approximately 500 words), written by the applicant, listing academic honors, awards, and activities while in school or university. List past and current examples of community volunteering, leadership, and extra-curricular activities. Describe how these experiences have influenced your career choice in a health care career applicable to a rural setting, and discuss any challenges or obstacles you have overcome and how this will help you succeed in university or technical school and beyond.

## SELECTION PROCESS

A small committee of Sundre Health Professional Attraction and Retention Committee (SHPARC) members will judge all applicants according to academic success in the previous year, leadership, community/post-secondary volunteerism, extra-curricular activities, and letters of support. A recipient may receive this scholarship only once.

## PRESENTATION OF THE AWARD

The scholarship will be presented at the Annual Hospital Future's Gala event. The recipient (or a family representative) must be present to receive the award, or it will be given to the next applicant in order of meeting the selection process.

# Application – Health Careers Scholarship

*Please print your answers.*

## APPLICANT INFORMATION

LAST NAME

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FIRST NAME

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MAILING ADDRESS

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POSTAL CODE

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DAYTIME TELEPHONE NUMBER

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EMAIL ADDRESS

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DATE OF BIRTH – MONTH

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DAY

---

YEAR

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GRADE 12 ACADEMIC PERCENTAGE AVERAGE

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OR UNIVERSITY GPA (4.0 SCALE)

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NAME AND LOCATION OF HIGH SCHOOL ATTENDED

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OR LOCATION OF UNIVERSITY / POST-SECONDARY INSTITUTION

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### PARENT OR LEGAL GUARDIAN (IF APPLICABLE)

NAME(S)

ADDRESS

HOME PHONE

BUSINESS PHONE

### ESSAY

On a separate page, write an approximately 500-word essay highlighting academic honors, awards, and membership activities while in high school and/or university. List your hobbies, outside interests, extra-curricular activities, and school-related volunteer activities. List any non-school volunteer and leadership activities in the community. Discuss challenges or obstacles you have dealt with and overcome in life, and how this will help you succeed in your chosen path and health care career.

### STATEMENT OF ACCURACY – APPLICANT

I affirm that all the information provided above is true and correct to the best of my knowledge. I consent that, if chosen as a scholarship winner, my picture may be taken and used to promote the Health Careers Scholarship program (the winner may waive the photo due to unusual or compelling circumstances).

I understand that, if chosen as a scholarship winner, I must be present at any awards ceremony or reception in the Town of Sundre, Alberta, to receive my scholarship, and that it is my responsibility to provide the Sundre Hospital Future's Committee and SHPARC with the information needed to pay my scholarship directly to my educational institution.

I understand that incomplete applications, or applications that do not meet the eligibility criteria, will not be considered for this scholarship.

SIGNATURE OF APPLICANT

DATE

### STATEMENT OF SUPPORT – GUIDANCE COUNSELOR / FACULTY STAFF (EQUIVALENT)

I affirm that this application meets the criteria set forth by this scholarship program, and that I support this application to the Health Careers Scholarship.

NAME OF GUIDANCE COUNSELOR / FACULTY STAFF

HIGH SCHOOL AND/OR UNIVERSITY

CONTACT INFORMATION (EMAIL AND PHONE)

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SIGNATURE

DATE

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### CHECKLIST

- ☐ Application
- ☐ Essay / Resume of Activities
- ☐ Community Recommendation
- ☐ Guidance Counselor / Principal / Faculty Signature
- ☐ School Transcript

Email the complete application package to [info@sundrehospitalfutures.com](mailto:info@sundrehospitalfutures.com), or mail it to: Health Careers Scholarship Committee, c/o Sundre Hospital & Care Center, Bag 3, Sundre, AB T0M 1X0