

Charlotte County Hospital Foundation Scholarship/Bursary Program

- Scholarships up to a maximum of **\$5000.00** each will be awarded annually for students pursuing health care professions at either the community college or university level.
- Applicants must be residents of Charlotte County.
- Employees and family members of employees of the Charlotte County Hospital may be given favorable consideration.
- Preference will be given to those professions of particular need in the Charlotte County community and will be weighted accordingly during the screening process.
- Scholarships are not automatically renewed; however, students who continue to meet the specified criteria are eligible to re-apply each year of their under-graduate study. It is the responsibility of the student to re-apply by submitting an application annually, a transcript of marks showing a **grade point average of 3.5** or better (or comparable average) and current references.
- Students already enrolled in a program of study are eligible to participate. Students who meet the eligibility criteria are eligible to apply at any point during their course of study.
- Eligibility will be determined using a weighted scale to assign value for academic achievement, extracurricular activities, community involvement, financial need, future goals, and current references. Students will be selected according to ability and academic merit.
- A completed Application Form, including a transcript of marks, must be received by **the Scholarship and Bursary Committee by no later than May 15th and August 15th** of the current year. Applicants may be required to participate in an interview with the Scholarship and Bursary Committee.
- Scholarship funds for the successful recipients will be forwarded to the registrar of the appropriate, educational institution in two (2) installments, in September and December. Cheques shall be payable to the educational institution.
- Successful recipients shall be notified no later than June 15th.

Charlotte County Hospital Foundation, Inc.
4 Garden Street, St. Stephen, N. B. E3L 2L9
Scholarship and Bursary Application Form
For Health Professions
DEADLINE FOR SUBMISSION

Please submit your application and attachments stapled together.

DO NOT SUBMIT YOUR APPLICATION IN SHEET PROTECTORS OR BINDERS

Provide only the information requested.

Section I: Student Information

Full Name	Social Insurance Number	
-----------	-------------------------	--

Street Address		
----------------	--	--

City	Province	Postal Code
------	----------	-------------

Telephone Number	E-mail address
------------------	----------------

Section II: Academic Profile

- Please attach all of your university transcript of marks to date.

Section III: Career Goals

- On a separate page, please describe your career goals including the profession you have chosen and how you plan to achieve this. Include the name of the educational institution you wish to attend and the program of study you will be undertaking. Attach any relevant acceptance documentation or correspondence from schools where you have applied, if available.

Section IV: Extracurricular Activities

- On a separate page, please list and describe your Extracurricular Activities including part-time/summer employment history, volunteer/community activities, and any additional activities, sports or hobbies. Explain how this has been beneficial to your personal development and how these activities may contribute toward your career goals.

Page 1

Section V: References

- Please include letters of reference (within the last year) from two (2) individuals (excluding relatives) who will vouch for your abilities, character and work ethic, including educators, employers, and community/volunteer agencies.

Section VI: Financial Need

- On a separate page, please describe the circumstances that make it necessary for you to seek financial assistance from the Charlotte County Hospital Foundation. Describe all scholarships, bursaries or student loans that you are currently receiving.

Section VII: Agreement

- I agree to participate in an interview with the Charlotte County Hospital Foundation – Selection Committee if required.
- I hereby agree that if I receive a scholarship from the Charlotte County Hospital Foundation, I will make every reasonable attempt to return to the Charlotte County community to work in my chosen profession at the completion of my course of study. Failure to do so may result in a request to repay a portion of my scholarship funds.

Signature of Applicant

Date

Signature of Parent or Guardian

Date