



STUDENT SCHOLARSHIP APPLICATION

Chaleur Regional Hospital Foundation Scholarship Fund

The mission of the Chaleur Regional Hospital Foundation is to work with the Chaleur Regional Hospital to identify the fundraising needs and then connect with the community to encourage giving. Operationally, we combine the support of Hospital endeavours with the respect of donor interests in an effort to meet the evolving healthcare needs.

Education is also an important component of the Foundation and the Hospital's mission. Therefore, we created a student scholarship fund to contribute to the education of students pursuing their studies in the health care field.

The Foundation encourage youth to studies in the health care field hoping they will come back as health professional within the region.

Selection Criteria

- Scholarships will be awarded to students pursuing post-secondary school studies in health care.
- Your application should include school results for your 10th and 11th years, as well as the first semester of your 12th year.
- For university students, please attach your university course results.
- **You must answer every question on the form, or your application will be considered incomplete.**

Scholarship Amount

The scholarship amount is established in November of each year and is then available upon proof of admission to a university or college during the second semester.

Applications must be submitted by May 31ST.

To apply, please complete the enclosed form and return it to:

CHALEUR REGIONAL HOSPITAL FOUNDATION

1750 Sunset Drive

Bathurst, N.B.

E2A 4L7

tel.: (506)544-2370 fax: (506)544-2466

www.chaleurfoundation.ca • Foundation.Chaleur@vitalitenb.ca

Selection Committee

A selection committee, made up of members of the Chaleur Regional Hospital Foundation Board of Trustees and some Chaleur Regional Hospital employees, shall be responsible for selecting candidates and determining the amount of the scholarship(s) to be granted.

Proof of admission

The scholarship will be awarded once the student has provided proof of admission to a university or a college.

STUDENT SCHOLARSHIP APPLICATION FORM

1. Personal Information

Name : _____

Address : _____

Telephone : _____ (home) Date of birth (MM/DD/YY) : ____/____/____

2. School Information

Institution Presently Attending : _____

Next year, I will be in the ____ year of the _____ program in the
_____ Department/Faculty, leading to a _____
Diploma/certificate/degree from the University of _____.

APPLICANT'S SIGNATURE

DATE

***REMEMBER TO ATTACH YOUR RESULT SLIPS.**