NHH
Northumberland
Hills Hospital
Auxiliary

Northumberland Hills Hospital Auxiliary Dixie Mikel Scholarship

The Northumberland Hills Hospital Auxiliary Scholarship in memory of Dixie Mikel, in the amount of $1250.00, may be awarded to two successful applicants during their Fall semester at a university or college.

Scholarship applicant must have:

1. Accumulated a minimum 80 volunteer hours at Northumberland Hills Hospital.
2. Been accepted at, or is attending, a post-secondary institution taking courses that lead to a medical degree in health sciences, nursing, medical research or biotechnology.

2027 Application Deadline: July 30

Application must include:

1. Personal information (see below)

2. Letters of reference from three of the following:

   a. A teacher, principal or educator who has known the applicant during high school.
   b. A coach or mentor who can speak to the applicant's growth and abilities as a positive role model.
   c. A long-standing family friend, minister or pastor (not a relative).
   d. A work or volunteer supervisor who can speak to the reliability, inter-personal skills and work ethic of the student
   e. A community member who is aware of the applicant's volunteer service in the community.

3. A written summary - no more than 400 words - describing an experience, and reasons, which have led the applicant to seek a career in the field of human health.

4. Completed personal information form and three letters of reference which should be mailed to:

The Dixie Mikel Scholarship Committee
NHH Auxiliary Office
Northumberland Hills
Hospital 1000 De Palma
Drive Cobourg, Ontario
K9A 5W6

SCHOLARSHIP APPLICATION

Personal Information:

Name:

E-mail:

Home phone: Cell phone:

Date of birth (yy/mm/dd):

Volunteer Unit(s) at NHH:

Home Address:

Street:

City:

Province:

Postal Code:

University/College residence (if currently attending):

Address:

Street:

City:

Province:

Postal Code:

High School name:

Principal's Name:

Tel #:

E-mail:

Grade Average:

Grade 11:

Grade 12:

High School awards, honours or community volunteer citations acquired during the past few years. *(Please attach a separate sheet if necessary.)*

University/College Applicant will be attending:

University/College Name:

Program:

References:

Please include complete contact information for each referee:

1.Name:

Phone:

Email:

2.Name:

Phone:

Email:

3.Name:

Phone:

Email:

Reference letters must be submitted in a sealed envelope. The candidate's name should be written on the front and referee's initials on the back over the seal.