



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.

2019 Application Deadline: July 30th.

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.

Application must include:

1. Personal information form (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 list of 10 words or phrases which best outline the applicant's reasons for choosing this career path.
4. A written summary - no more than 350 words - describing an experience that has led the applicant to seek a career in the field of human health.
5. 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

Personal Information:

Name:

E-mail:

Cell #:

Date of birth y/m/d:

Grade Average:

Grade 11:

Grade 12:

Home Address:

Street:

City:

Province:

Postal Code:

University/College:

Address:

Street:

City:

Province:

Postal Code:

High School:

Principal's Name:

Tel #:

E-mail:

High School awards, honours or community volunteer citations acquired during the past few years.

(Please attach a separate sheet if necessary.)

University Attending:

City:

Program:

References:

Please include completed contact information for each referee:

1.Name:

Cell#:

Email:

2.Name:

Cell#:

Email:

3.Name:

Cell#:

Email:

Reference letters should each be placed in an envelope and sealed. The candidate's name should be written on the front and referee's initials on the back over the seal.