NHH
Northumberland
Hills Hospital

Health Professions Scholarship
Program Application

Name: _____

             (Last Name)   **(First Name)**

Address: _____

Telephone Number: _____

1. Are you applying for other scholarships? Please list

2. Will you be enrolled as a full time student for the academic year for which you are applying?

3. What post secondary school will you be attending? Location?

4. Indicate the month and year you first attended or will attend the above school.

5. What year of Health Professions coursework will you be enrolled in during the academic year for which you are applying for a scholarship?

Education

6. If you attended a college or university, please complete the following information showing your previous education.

Institution:_____

From _____ To_____

Type of Degree _____

Month/year obtained _____

Academic Standing _____

Secondary school

7. If you have not attended college or university, please complete the following.

Secondary School:_____

From _____ To_____

Graduation Date _____

Final Average _____

Extra-Curricular Activities

8. Please list clubs, volunteer work & hours, scholastic and/or other achievements/awards.

_____

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Certification

I certify that the information given in this application is accurate and completed to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for the rejection of this application, or if awarded a scholarship that I am liable for repayment of all award funds and further that any false statement herein may be punished as a felony.

I commit to review potential vacancies and career opportunities at NHH upon my graduation.

_____ _____

Applicant Signature   Date

Please attach a covering letter explaining your interest in this scholarship program and two letters of reference.

Personal Information collected on this form is collected under the authority of the *Public Hospitals Act, R. S. O. 1990, c.40, Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, Personal Health Information Protection Act, S.O. 2004, c. 3, and Personal Information Protection and Electronics Document Act (s.c. 2000, c.5)* and will be used to administer applicable privacy legislation. If you have any questions regarding this collection of information contact the Access and Privacy Office at ext. 4801.