

inspiring strength, dignity and compassion

Health Professions Scholarship Program Application

Name		
	(Last Name) (First Name)	
Addre	ess:	
Telep	hone Number:	
1.	Are you applying for other scholarships? Please list	
2.	Will you be enrolled as a full time student for the academic yea applying?	r for which you are
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 enrolle academic year for which you are applying for a scholarship?	ed in during the
Educa	ation	
6.	If you attended a college or university, please complete the foll- showing your previous education.	owing information

Institution From

To

Type of Degree Month/year obtained Academic Standing

Secondary	/ school
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7.	If you have not attended college or university, please complete the following							
Secon	dary School	From	То	Graduation Date	Final Average			
8.	Extra Curricular Ac Please list clubs, v achievements/awa	olunteer wo	ork & hou	rs or scholastic or o	ther			
best o willfull award any fa	y that the information of the in	d belief. I un ion is suffic at I am liable n may be pu	iderstand ient caus e for repa unished a	that it may be inves e for the rejection of yment of all award f	nd completed to the stigated and that any f this application, or i funds and further that			
Applic	ant Signature							

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