



LADY MINTO HOSPITAL AUXILIARY SOCIETY
BACK TO SCHOOL BURSARY

A. Eligibility

This bursary will be awarded to a resident of the Southern Gulf Islands who left secondary school at least five years ago and wishes to obtain the skills needed to re-enter the work force at a higher level in a health-care field.

B. Amount

There are two bursaries available for \$2,000 each. At the selection committee's discretion, one or both awards may be split between equally qualified applicants.

C. Selection Committee

The selection committee will consist of three members of the Executive Committee of the Lady Minto Hospital Auxiliary Society.

D. Application Form and Process

Application forms can be obtained on the Auxiliary's Web page www.lmhas.ca/bursaries. These application forms are also available for pickup at the Thrift Shop front desk. The Thrift Shop is located at the Upper Ganges Centre rear building next to the Driftwood office.

The application form must be completed in full, and all documents requested shall accompany the application form. Incomplete applications will not be processed.

The selection committee may require a personal appearance of the applicant at an interview.

All applicants will be notified before the end of June as to whether or not they have been successful.

Successful applicants must provide the Auxiliary with their Social Insurance Number. The bursary money will be forwarded either to the recipient or to the college/university upon receipt of the student number.

Completed application forms must be returned, no later than April 3, 2017 to: Lady Minto Hospital Auxiliary Society, Scholarship Committee, 202 – 338 Lower Ganges Road, Saltspring Island, V8K 2V3

LADY MINTO GULF ISLANDS HOSPITAL AUXILIARY SOCIETY

BACK TO SCHOOL BURSARY

A. Personal Information

NAME: _____ _____
ADDRESS: _____ _____
PHONE NO. _____
BIRTHDATE: _____ E-MAIL _____

B. Attachments Checklist (tick each box when you attach the specified documentation)

1. **Covering Letter: Attach** a personal statement, addressed to the President of the Auxiliary, describing your post-secondary plans and how this bursary will be of benefit to your education (max. 500 words)

2. **Education:** Complete the following and **attach** an official transcript of scholastic achievement.

Secondary school _____ Graduation year _____

Other _____ Completion year _____

3. **Volunteer Activities and Employment Experience:** (Especially those dealing with people, i.e., Scouts, Girl Guides, Candy Striper, First Aid, Coaching, etc.) Complete the following and **attach** a resume with details.

a.) Health-care related community activities _____

b.) Other community activities _____

c.) School activities _____

d.) Employment experience _____

4. **Proposed Course of Study:** Complete the following and **attach** documentation of your acceptance to this program.

Program: _____

Name of recognized Canadian College or University: _____

5. **Sponsors** (not related to the applicant): Complete the following and **attach** a letter of reference from each sponsor.

NAME

PHONE NUMBER

a. _____

b. _____

c. _____