



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. Criteria will include financial need and relevant practical abilities. Applicants with prior LMHA awards may apply; any third award will be the final one.

B. Amount

There are three bursaries available for \$4,000 each. At the selection committee's discretion, one award may be split between equally qualified applicants.

C. Selection Committee

The selection committee will consist of three LMHA members, including the Auxiliary President.

D. Application Form and Process

Application forms can be obtained on the Auxiliary Web Site <http://lmhas.ca/bursaries/>.

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.

Applicants selected for awards 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 your proof of registration.

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**Completed application forms must be returned, no later than April 15 to:  
Lady Minto Hospital Auxiliary Society, Scholarship Committee, 328 Lower Ganges  
Road, Salt Spring 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, interests and abilities relevant to your plans (i.e. Scouts, First Aid, coaching, establishing a business, providing care, etc. Complete the following and **attach** a resume with details.

a.) Health-care related community activities \_\_\_\_\_

b.) Other community activities \_\_\_\_\_

c.) 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.	_____	_____