



LADY MINTO HOSPITAL AUXILIARY SOCIETY (LMHAS)
CONTINUING EDUCATION SCHOLARSHIP

A. Eligibility

Applicants must have graduated from GISS and completed the first or second year of their course in a health care related program at a Canadian college or university. Current academic standing and community activities will be considered. Applicants with prior LMHA awards may apply; any third award will be the final one.

B. Amount

There are two awards available for \$3,000 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 LMHA members, including the Auxiliary President.

D. Application Form and Process

Application forms can be obtained on-line from <https://lmhas.ca/scholarships>.

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

Applicants selected for awards must provide the Auxiliary with their Social Insurance Number and with proof of registration before the bursary money can be given. After these are received, the funds will be forwarded to the recipient (or to the college or university if requested).

**Completed application forms must be submitted by April 15, either
by email to contact@lmhas.ca
OR**

**by postal mail to Lady Minto Hospital Auxiliary Society, Scholarship Committee,
328 Lower Ganges Road, Salt Spring Island, V8K 2V3**

LADY MINTO HOSPITAL AUXILIARY SOCIETY
CONTINUING EDUCATION SCHOLARSHIP APPLICATION

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 letter, addressed to the President of the Auxiliary, stating why you are applying for this Scholarship.
2. **Education:** Complete the following and **attach** an official transcript of scholastic achievement.
- Secondary school GISS Graduation year _____
- Other _____ Graduation year _____
3. **Volunteer Activities and Employment Experience:** Complete the following and **attach** a resume with details.
- a.) Health-care related community activities
- b.) Other community activities
- c.) Recent 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** (teachers, supervisors, employers etc. not related to the applicant):
Complete the following and **attach** a letter of reference from each sponsor.
- | NAME | PHONE NUMBER |
|----------|--------------|
| a. _____ | _____ |
| b. _____ | _____ |
| c. _____ | _____ |