

## LAKE OF THE WOODS DISTRICT HOSPITAL STAFF FUND

### Bursary #1

- \$500 bursary to a Grade 12 student who is entering post-secondary studies in a health profession or health care related field.
- Preference will be given to students whose parents or other relative is an employee of LWDH
- 75% overall average
- Selection by Staff Funds Committee.
- Application and letter by May 5, 2018. Letter should detail student accomplishments, name of relative and relationship, as well as future career goals.
- Funds will be released upon proof of registration for Semester 2.

### Bursary #2

- \$500 bursary to a Grade 12 student who is entering post-secondary studies in a health profession or health care related field
- Student must have completed a **co-operative education course** at Lake of the Woods District Hospital over the last two years
- 75% overall average
- Selection by Staff Funds Committee
- Application and letter by May 5, 2018. Letter should detail student accomplishments, details of co-op placement as well as future career goals.
- Funds will be released upon proof of registration for Semester 2.

# BEAVER BRAE SECONDARY SCHOOL

## BURSARY, SCHOLARSHIP AND AWARD APPLICATION FORM

AWARD: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
Surname First Name Initial

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_  
Surname Mother/Guardian Father/Guardian

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
Mother/Guardian Mother/Guardian

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
Father/Guardian Father/Guardian

WITH WHOM DO YOU LIVE: \_\_\_\_\_

NO. OF YOUNGER SIBLINGS: \_\_\_\_\_ NO. OF SIBLINGS ATTENDING POST-SECONDARY \_\_\_\_\_

ARE PARENTS SUPPORTING THE ABOVE? \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

AVERAGE LAST TWO SEMESTERS \_\_\_\_\_

INSTITUTION YOU PLAN TO ATTEND \_\_\_\_\_

PROGRAM APPLIED FOR: \_\_\_\_\_

HAVE YOU BEEN OFFERED ANY ENTRANCE SCHOLARSHIPS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW MUCH? \_\_\_\_\_

DO YOU WORK PART TIME? \_\_\_\_\_ HRS/WEEK \_\_\_\_\_

WHERE? \_\_\_\_\_

I HAVE ATTACHED A PERSONAL LETTER OUTLINING MY EXTRACURRICULAR INVOLVEMENT, COMMUNITY INVOLVEMENT AND ANY OTHER PERTINENT INFORMATION.

I AGREE TO HAVE STUDENTS SERVICES ATTACH A TRANSCRIPT OF MY MARKS TO MY APPLICATION FORM.

I AGREE ALL INFORMATION TO BE CORRECT AND ACCURATE.

Student Signature: \_\_\_\_\_