

## **Jacquie Sherrington Health Care Bursary**

This bursary of \$500 is presented in memory of Jacquie Sherrington. Her family wishes to honour her memory by offering this bursary to a student who is a secondary school graduate from Jacquie's hometown of Kenora and is pursuing a career in a health care field.

Jacquie was a nursing graduate of the class of 46A Winnipeg General Hospital. Following graduation, Jacquie used her nursing skills throughout her entire life. Her first love was always obstetrics. She felt privileged to be present at the birth of each new baby. She used her nursing skills in several community volunteer capacities as well.

Applicants are asked to write an article related to a personal encounter or knowledge of the healthcare system. (examples might include a trip to ER, car accident, death of someone close, a birth, a stroke, chronic disease, heart problem), or an article describing why you are pursuing a career in the health care field. The successful candidate will be selected by the family. Academic standing will not be a determinant in the selection as Jacquie would be the first to admit, she never stood first in academia but made one fabulous nurse.

# BEAVER BRAE SECONDARY SCHOOL

## Jacque Sherrington Health Care Bursary 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: \_\_\_\_\_