



Bursary Program

Purpose of the Bursary

The Devon General Hospital Foundation Bursary Program was established by the Board to provide financial assistance to a student(s) who are enrolled in a full time Registered Nurse or Healthcare related program. This bursary program is intended to recognize goal orientated, dedicated individuals who have demonstrated good citizenship in their community.

Bursary Funding

A maximum of two bursaries in the amount of \$1,500.00 each may be awarded in each fiscal year.

Terms and Conditions

- 1) The student must be a resident of the catchment area served by the Devon General Hospital.
- 2) The student must be accepted into a recognized Registered Nurse or Healthcare related program
 - o Not restricted to a specific faculty or year of study – discretion of the Devon General Hospital Foundation Bursary Committee.
- 3) The student is required to submit the application form.
- 4) The student is required to submit a letter of reference from a teacher or education counselor.
- 5) The student shall provide a copy of their letter of acceptance into their chosen program of study.

Selection Process

The Devon General Hospital Foundation Board will appoint a Bursary Committee each year and the committee shall make recommendations to the Board for the final selection approval. This committee shall be made up of two (2) DGH Board members; one (1) Devon General Hospital representative; and one (1) community representative.

Bursary Presentation

Successful Candidates will be contacted and invited to attend a Devon General Hospital Foundation Meeting where the public announcement of the Bursary Awards will be made.

Application Deadline

Must be received by the DGH Foundation by 4:00pm on May 31, 2011.

Forward all applications and inquiries to:

Devon General Hospital Foundation
Bursary Committee
101 Erie Street South
Devon AB T9G 1A6

T: 780.987.8306

E: administration@devonhospitalfoundation.org

BURSARY AWARDS 2011
Student Application Form

Please complete and/or qualify the following. Additional pages may be attached, if required.

Applicant's Given Name	Applicant's Surname
Social Insurance Number	Date of Birth (Y – M – D)
Telephone Number	E-Mail Contact
Address	
Present School	Year of Secondary Education
Present School Address	

I hereby grant permission to the Devon General Hospital Foundation Bursary Committee to contact my secondary school to request further information about me if they see fit.

If I am successful in receiving a bursary, I give permission for the Foundation to make public my award.

Signature: _____

Signature of parent/guardian if under 18 years of age: _____

Graduating Year	Grade Average
Program of study	Expected Post Secondary School

List school activities/sports you have been involved in.

What volunteering have you done related to healthcare?

What volunteer activities have you been involved in?

How have you demonstrated leadership?

List part time employment if applicable.

Attach an essay of approximately 250 words of why you should receive this bursary. (please use a separate sheet if required)