

# **Devon General Hospital Foundation 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, 2010.

*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](mailto:administration@devonhospitalfoundation.org)

**BURSARY AWARDS 2010**  
**Student Application Form**

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

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

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:** \_\_\_\_\_

<b>Graduating Year</b>	<b>Grade Average</b>
<b>Program of study</b>	<b>Expected Post Secondary School</b>

**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)**