



OLDS HEALTH CARE FUNDRAISING COMMITTEE

HEALTH CARE EDUCATION SCHOLARSHIP FUND

DESCRIPTION & ELIGIBILITY

The Olds Healthcare Fundraising Committee's Youth Scholarship support program is open to students of Ecole Olds High School, Bowden Grandview School and Olds Koinonia Christian School. We are now offering up to SEVEN \$1000.00 scholarships in total for all three schools, to graduates who are entering a health care-related post-secondary program.

Students who are enrolled in distance learning or online programs may apply once they reside in Olds/ Bowden communities.

SUPPORTING APPLICATION DOCUMENTS

1. Applicants must submit a **handwritten essay** of no more than 1000 words. While penmanship is important, the essay's overall meaning holds greater weight.
2. Recipients must also provide an acceptance letter with their post-secondary application.

ESSAY CRITERIA SUGGESTIONS

Your essay should include the following:

- Describe past experiences that have influenced you in choosing the healthcare field.
- Describe and give specific examples of your volunteer service to your school and community.
- Give examples of your characteristics and skills that will make you a valuable member in the healthcare career sector.
- Discuss the area of healthcare that you have chosen and reasons you have chosen this area, and how you may influence or enhance healthcare in the future.

APPLICATION DEADLINE DATES

Applications are accepted throughout the year and reviewed annually in September

Students entering higher education for the academic year from September 2025 to January 2026 must submit an application package by **Friday 29 August, 2025**.

Scholarship recipients will be reviewed and selected by the Olds Healthcare Fundraising Committee and will be notified by **September 2025**.

** An Education Scholarship Fund made available by the administration for the distribution of funds is the responsibility of the Olds Healthcare Fundraising Committee. The Olds Healthcare Fundraising Committee is a local Not-For-Profit committee made up of residents of Olds and the surrounding area, with support from employees within the healthcare system.*



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HEALTH CARE EDUCATION SCHOLARSHIP APPLICATION FORM 2025

DATE SUBMITTED: ____/____/2025
MM DD

APPLICANT'S NAME

CONTACT NUMBER

EMAIL ADDRESS

HOME MAILING ADDRESS

POST SECONDARY INSTITUTION BEING APPLIED TO

PROGRAM / STUDY

ESTIMATED START DATE

Supporting Document Checklist

- ☐ Handwritten essay of no more than 1000 words
- ☐ Acceptance letter from post-secondary application

Please **email** your scanned application package (PDF format) to **oldshealth@gmail.com**.

Additionally, depending on your high school, please include the following contacts in the CC as well:

If you are applying from **Bowden Grandview School**, add Val Dye at vdye@cesd73.ca

If you are applying from **Olds Koinonia Christian School**, add Renee McCracken at rmccracken@cesd73.ca

If you are applying from **École Olds High School**, add Kevin Hronek at khronnek@cesd73.ca

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