



OLDS HEALTH CARE FUNDRAISING COMMITTEE

HEALTH CARE EDUCATION SCHOLARSHIP FUND

DESCRIPTION & ELIGIBILITY

The Olds Healthcare Fundraising Committee 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.

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.
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APPLICATION DEADLINE DATES

Applications open on **Monday 2 June, 2025**.

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.*



**OLDS HEALTH CARE
FUNDRAISING
COMMITTEE**

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 khronек@cesd73.ca

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