

HEALTH CARE EDUCATION SCHOLARSHIP FUND

Application and Guidelines

An Education Scholarship Fund made available by the



The administration for the distribution of funds is the responsibility of the
Olds HealthCare Fundraising Committee.

Olds Healthcare Fundraising Committee, is a Local Olds Alberta Not-For-Profit committee made up of citizens of Olds and area, with support from employees within the healthcare system.

With a Vision of “ Being Leaders in inspiring generosity to enhance health care in our community.”

Description and Eligibility

Olds Healthcare Fundraising Committee will be offering up to THREE **\$1000.00** scholarships to graduates of Ecole Olds High school who are entering a health care related post-secondary program. Before funding is considered applicants must submit a **handwritten** essay not more than 1000 words. The essay's overall meaning is more important than penmanship. Recipients must provide an acceptance letter with his/her 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 Procedure

Students entering post-secondary in the Sept 2024- Jan 2025 school year, must submit the application package by June 30th, 2024. The scholarship recipients will be chosen by Olds Health Care Fundraising Committee and notify recipients prior to September 2024.

HEALTH CARE EDUCATION SCHOLARSHIP FUND

Application and Guidelines

An Education Scholarship Fund made available by the



Scholarship Application Form

Applicant Name _____

Phone Number _____

Email _____

Permanent Mailing Address _____

Post secondary institution _____

Program _____

Start Date _____

Please **email** your scanned application package (PDF format) to

oldshealth@gmail.com

cc Barry McCurdy (OHFC Chairperson) AND Louan Statchuk

bmcreator@gmail.com lstatchuk@cesd73.ca