

# 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 health care 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 scholarships to graduates of Ecole Olds High school who are entering a health care related post-secondary program.

Before funding is considered applicants must write 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 application. Recipients must provide a tuition receipt to the committee to receive the payment.

## Essay Criteria Suggestions.

Your essay should include the following:

Describe past experiences that have influenced you in choosing the healthcare field.

Describe your volunteer service to your school and community, with examples of community work or volunteer experience.

Give examples of your characteristics and skills that will make you a valuable member in the health care career sector.

Discuss the area of health care that you have chosen and reasons you have chosen it, and how you may influence or enhance health care in the future.

Those wishing to apply must submit a completed application form attached with their Essay.

### Application

For the 2023 school year Applications package must be submitted by June 30th (extended until August 15th) for the Sept or January school year.

The Olds HealthCare Fundraising Committee membership or chairperson of the committee will determine the successful candidate and notify them prior to late August 2023.

The scholarship recipients will be chosen by Olds HealthCare Fundraising Committee.

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## Scholarship Application

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

**Student Name:** \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email : \_\_\_\_\_

Home Mailing Address (for Cheque): \_\_\_\_\_

Post secondary school attending: \_\_\_\_\_

Course enrolled in: \_\_\_\_\_

Date post secondary to start:: \_\_\_\_\_

**Parents/Guardian Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please **email** your scanned application form and essay to: Chairperson of the Olds HealthCare Fundraising Committee [oldshealth@gmail.com](mailto:oldshealth@gmail.com) with cc to Barry McCurdy/ [bmcreator@gmail.com](mailto:bmcreator@gmail.com) and Louan Statchuk/ [lstatchuk@cesd73.ca](mailto:lstatchuk@cesd73.ca)