

## **Scholarship Application - 2019**

### **Applications will be considered for both the scholarship and the award:**

- Niagara Health – Welland Hospital Site Tuition Scholarship** - The successful candidate shall receive the sum of \$1,000 for the first year of post-secondary academic attendance and could receive \$1,000 for each of his/her second, third and fourth years. This scholarship was established in 1994 by the former Board of Trustees of Welland County General Hospital.
- Dr. Ken Hope Memorial Book Award through Niagara Health Foundation - Welland Site** This \$500 scholarship is to be used for the purchase of books or other necessary resources during the first year of post-secondary education. This award was established in 2001 by Dr. Hope's family.

### **Applications must be received by 4 p.m. on Monday, May 31st, 2019 in the office of:**

Niagara Health Foundation – St. Catharines Site

Attn: Scholarship Committee

1200 Fourth Ave. St. Catharines, ON L2S 0A9

Tel. 905-323-3863

Email: [Foundation@niagarahealth.on.ca](mailto:Foundation@niagarahealth.on.ca)

### **Eligibility**

- Reside in the City of Welland, Town of Pelham or Township of Wainfleet
- Graduating in 2019 from a secondary school
- Plan to pursue post-secondary studies in health care

### **Application Requirements**

- Applicant's name (on every page), full address, telephone, email address
- Post-secondary institutions to which the applicant has applied and for what programs
- Transcript for most recent year
- Final estimated marks for current year, signed by principal or guidance counsellor
- List extracurricular activities, honours, employment and volunteer/community service (include years of involvement). Please list them in this format ex. Volleyball 2012 – 2016; Yearbook Committee 2015, etc. and in separate categories for each group listed above.
- Provide explanation why you chose this particular health care discipline in 250 words or less.
- Reference letter from academic official, i.e., principal or designate
- Please sign the enclosed statement of truth that all information supplied is true as stated.
- A letter of acceptance from the post-secondary school you will be attending.



## Terms

1. A candidate for the scholarship must have attended a secondary school for at least one complete school year prior to graduation. The candidate must be a resident within the City of Welland, Town of Pelham, or Township of Wainfleet. *(Please note: Applicants who attend school in these locations, but live outside the locations are not eligible).*
2. Six credits at the level required for entry into a post-secondary program at a college or university will be considered in determining the candidate's application.
3. Marks obtained over two school years (September to August) may be included in the candidate's aggregate.
4. Marks obtained as a result of a second attempt at a course will not be considered.
5. To be eligible, a student must apply and provide evidence of acceptance for a post-secondary program in the field of health care. This may include such programs as - registered nursing program, physiotherapy, radiology technology, chiropody, occupational therapy, health administration, speech pathology, pharmacy, health records administration, audiology, laboratory technology or a registered dietician. This is not an all-inclusive list.
6. Each award shall be given to a deserving student:
  - a) Of high academic standing but not necessarily the student with the highest standing, as every applicant with a minimum of 70% or B standing may apply.
  - b) Who has demonstrated interest in his/her chosen field and/or community by volunteering in health care or other community settings and/or actively participating in school and community events. Candidates should explain this participation on the application form. The years of this participation must also be noted.
7. The successful candidate may apply for a second, third, or fourth tuition scholarship depending upon the length of the chosen program and successful completion of the previous year with a minimum standing of 70% or B average depending on the institution. The recipient must provide confirmation he/she is continuing in a health care discipline.
8. The scholarship awards may be shared by more than one student per year.
9. Endorsement by the student's principal or other school official is required.
10. The successful candidate agrees to submit an annual summary of their schooling during the term of their scholarship (one to four years) to the Niagara Health Foundation for Niagara Health System. This report will be used for communication purposes to report to donors and/or the Board of Directors on the success of the scholarship program.

## **Privacy Statement:**

I hereby authorize Niagara Health Foundation to collect and verify the required information including, but not limited to, the items listed in the application requirements.

I understand the information I provide will be collected for the sole purpose of judging my eligibility for the Dr. Ken Hope Memorial Book Award and/or the Niagara Health – Welland Hospital Site Tuition Scholarship.

All information provided by me, or my references, on my behalf will be shared only with the Selection Committee consisting of Niagara Health Foundation staff, Niagara Health – Welland Hospital Site staff and/or physicians, and a representative of the Hope family for the purpose of awarding the book award and scholarship.

The information following the selection process will be kept in confidence by Niagara Health Foundation for the duration of one year for unsuccessful candidates, and until completion of the book award or scholarship for the successful candidates.



\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, hereby swear that the information provided in the attached application is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

