



Bursary Application

This \$1000 bursary is provided to assist those pursuing further education in the healthcare field.

Application deadline is December 15 each year.

Bursary will be awarded by **January 15 each year.**

To be eligible for this bursary the applicant must provide proof of the following:

- a) Home address within the boundaries of the Municipal District of Wainwright #61.
- b) Acceptance into a post secondary program of studies that applies to the healthcare field.
- c) A need for financial assistance ie. student loans, debt, financial capability.
- d) Provide a brief summary of personal history, goals for future career, personal interests and examples of community involvement or volunteerism.

Applicants may apply once during each year of their studies.

Applications and supporting documents may be emailed to: wainwrighthas@gmail.com

Application

The Wainwright Healthcare Auxiliary Society Bursary: Awarded annually in the amount of \$1000 to a resident of the Municipal District of Wainwright accepted into a post secondary program of studies related to health care. Applicants may apply in each year of study.

Name: _____

Address: _____

Phone: _____ Email: _____

Current Educational Status:

High School: _____ Graduated: _____

Post Secondary: _____

Course/Completion Date: _____

Future Educational Endeavors:

Institution: _____

Course of Study: _____ Date of Registration: _____

Statement of Financial Need:

Character Reference: I hereby declare that _____ has the character and attitude necessary to successfully pursue the course in which they are enrolled.

Name: _____ Relationship: _____

Phone: _____ Signature: _____

Educational Reference: I hereby declare that _____
has the ability to satisfactorily complete the course of study selected.

Name: _____ Relationship: _____

Phone: _____ Signature: _____

General References:

Name: _____ Phone: _____

Name: _____ Phone: _____

FINANCIAL INFORMATION

Will you be receiving a student loan? Yes ___ No ___

Do you have dependents? Yes ___ No ___

Have you received other bursaries or scholarships? Yes ___ No ___

Please comment on any other factors you believe pertinent to your circumstances:

(Please use additional paper if needed)

Would you consider Wainwright and area a likely location for your residence upon graduation? Yes ___ No ___

Attach a brief summary outlining your personal history, goals for the future and personal interests in your chosen career.

Applicant's Signature: _____ Date: _____

DEADLINE FOR APPLICATIONS: December 15 of current year.

Notification will be by letter and email.