

# Application

## Grimshaw Regional Healthcare Attraction and Retention Scholarship Program

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### Purpose

This scholarship is intended for high school students, students already in a qualifying program, and adults who are considering enrolling in a medical or health-related program in person or online. It is designed to provide financial support to students entering into eligible programs and encourage them to live and work in the Grimshaw region.

1. The DEADLINE for scholarship application is December 31<sup>st</sup> annually.
2. Refer to criteria below for eligibility requirements.
3. Applicants must fill out all fields of the application in order to be eligible.
4. All applicants will be notified of the final decision.
5. Paper application must be submitted to [grharc@grimshaw.ca](mailto:grharc@grimshaw.ca)
6. To apply online visit <https://grimshaw.ca/scholarship>
7. The scholarships will be awarded annually in February.

### Award Components

A total of four \$3000 scholarships per year are available. The Scholarship Selection Committee will review applications, and successful applicants will be notified each year in early February. Applicants are welcome to re-apply annually.

### Criteria

Please provide the following:

- ☐ Scholarship application
- ☐ Short 500-750 word essay (with requirements listed on page 2)
- ☐ Provide one written professional reference
- ☐ Proof of acceptance into a health or medical-related program
- ☐ Eligible Programs:
  - Nursing – Practitioner, Registered, Psychiatric, Licensed Practical, Health Care Aids, Doctor of Medicine Program
  - Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic, Emergency Communications
  - Social Work, Psychology, Psychiatry, Addictions Counselling, Mental Health Therapy
  - Physio, Occupational, Rehabilitation, Respiratory Therapy
  - Optometry, Dietetics, Dentistry, Dental Hygiene, Pharmacy
  - Laboratory and X-Ray Technologists
  - Bachelor's degrees, diplomas, and certificates may be considered if it is a requirement for entry into a health or medical faculty program
- ☐ Proof of residence - To be eligible applicants must provide proof of residence and call one of the following municipalities home: County of Northern Lights, Town of Grimshaw, MD of Peace 135, or Village of Berwyn.

# Scholarship Application Form PLEASE PRINT LEGIBLY

Applicant Last Name

First Name

Mailing Address

City

Province

Postal Code

Physical Address/Land Location (in the funding municipality the applicant's family resides)

Email Address

Phone Number

Current High School (or High School graduated from)

I have been accepted to attend the following university or college:

The program I have been accepted to attend and enrolled in:

Year of study:

Provide one written professional reference (a coach, teacher, professor, work, or volunteer colleague) from a person who is sufficiently familiar with the applicant's skills, abilities, passion, dedication, or interest to become a health and/or medical professional in a rural community.

The reference letter should include:

- Indicate how the reference knows the applicant
- Provide specific examples of strengths, accomplishments, and contributions
- Emphasize applicant's potential in their chosen health or medical-related studies/career

Reference Name

Reference phone number

Write a short essay of 500 - 750 words that includes the following:

- The applicant's career plan of their knowledge of the type of work they will be able to find once they graduate from their area of study.
- Their commitment to working and applying their knowledge in a rural northern setting.
- Volunteer or prior work experience they have which applies or may have led to their decision to obtain education in a health or medical field.
- Any other information they would like to share related to their health or medical-related education field of choice that would help the selection committee come to a decision.

# Scholarship Application Form

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship recipient, the scholarship fund shall only be used for education-related expenses.

Signature of scholarship applicant

Date

We are requesting permission to use the recipient's name, program, year of study, and the funding municipality you call home, and a photo to be published and communicated in writing on the following platforms:

- GRHARC website
- Funding municipalities' websites and social media
- Radio station
- The Mile Zero newspaper

The written communications will be sent to the recipient for review and approval prior to publishing. Recipients are welcome to rescind their consent for GRHARC to use personal information at any time.

Please provide consent should you be a successful recipient of a scholarship by signing your name here:

Signature of scholarship applicant

Date

***Please email the completed application form along with all required information to [grharc@grimshaw.ca](mailto:grharc@grimshaw.ca). For more information, visit [grimshaw.ca/grharc](http://grimshaw.ca/grharc) or contact the GRHARC Chairperson at [grharc@grimshaw.ca](mailto:grharc@grimshaw.ca).***

***Application Deadline: Annually on December 31st  
Applicant Selection: Annually on or before February 1st***

# Checklist

## Grimshaw Regional Healthcare Attraction and Retention Scholarship Program

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Please ensure the following information is completed before submitting your application:

- ☐ Scholarship application form
- ☐ Proof of acceptance into a health or medical-related program
- ☐ One written professional reference
- ☐ Proof of residency (utility bill, property tax assessment, phone bill, or a letter from your local municipality confirming your family residency)
- ☐ Short essay