

SCHOLARSHIP APPLICATION

Purpose

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

1. The **DEADLINE** for the scholarship application is December 31, of current year.
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:
cao@fairview.ca

Award Components

A total of up to four \$500 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

Proof of acceptance into a health or medical-related program

Eligible Programs:

- Medical Physician
- Nursing: Practitioner, Registered, Psychiatric, Licensed Practical, and Health Care Aids
- Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic Social Work, Psychology, Psychiatry, Addictions Counselling, Mental Health Therapy
- Physio, Dietetics, Occupational, Rehabilitation, Respiratory Therapy
- Optometry, Dietetics, Dentistry, Pharmacy, X-ray, Lab Technologists, or combined technicians
- Allied Health, or medical-related career
- Bachelor's degrees, diplomas, and certificates may be considered if it is a requirement for entry into a health or medical faculty program
- Veterinarian and Animal Health Technician

**Proof of residence - To be eligible applicants must call one of the following municipalities home:
Town of Fairview, Village of Hines Creek, M.D. of Fairview No. 136, or Clear Hills County.**

STUDENT APPLICATION FORM

PLEASE PRINT LEGIBLY

Applicant Last Name

First Name

Mailing Address

City

Province

Postal Code

Phone Number

Current / Graduated High School Name

I have been accepted to attend or attended the following University or College

Program I have been accepted to attend and enrolled in

Year of Study

Write a short essay of 500 - 700 words that includes the following:

- The applicant's career plan, include 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.

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

Signature of Scholarship Applicant

Date

Please EMAIL completed application form and other required information to: cao@fairview.ca