

**FORT MACLEOD HEALTHCARE AUXILIARY
POST SECONDARY SCHOLARSHIP APPLICATION**

Two scholarships valued at \$1000.00 each will be awarded.

The recipients of these scholarships must show acceptance in a post secondary education program in a health care field.

This scholarship is only valid for the calendar year of graduation from high school.

The recipients must have an academic average of 70%.

TO BE COMPLETED BY THE APPLICANT

Applicant information:

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Year of High School Graduation: _____ Academic Average: _____

College or University program in which you have been accepted: _____

Two Personal Reference information (May not be a relative)

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

High School and/or Community organizations in which you have been an active member:

Name of Organization	Position	Dates of Activity
_____	_____	_____
_____	_____	_____

List any employment or volunteer positions in which you have been involved:

Organization	Job title or role	Dates of Activity	Contact Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

If you need more space, add to the list at the bottom of the next page.

Write a few paragraphs answering the following question below.

Why should I receive this scholarship?

Applicant Signature: _____

Date: _____

Return the completed application to the Career Practitioner at F.P. Walshe School

Application must be submitted by May 30th