



# COBEQUID HEALTH CENTRE FOUNDATION EDUCATION BURSARY 2018

## **Who Can Apply?**

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Any Grade 12 student who attends one of the following high schools:

- Charles P. Allen High School
- Millwood High School
- Sackville High School
- Lockview High School

One bursary per school will be granted per year.

## **What Are the Criteria?**

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You must be enrolled in a post secondary education program related to the health/medical field. This includes both university and college programs.

Programs given special consideration are:

- Medical Laboratory Technologist
- X-Ray Technologist
- Physiotherapy Assistant
- Pharmacy Clerk
- EKG Technologist
- Orthopedic Technician

## **What is the Value of Bursary?**

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The bursary is for \$1000 towards the tuition of the first year of post-secondary education.

## **How Do you Apply?**

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**Complete the application form; including:**

- Transcript**
- Letter of recommendation (personal: volunteer/work/extra-curricular/coach)**
- Letter of recommendation (academic)**
- Essay answers**
- Letter of acceptance from health related educational program**

**And send it to:**

Selection Committee: Education Bursary  
Cobequid Health Centre Foundation  
40 Freer Lane, Room 2203 Lower Sackville, NS B4C 0A2



**Cobequid  
Health Centre  
Foundation**

Office Use Only:  
Code: \_\_\_\_ : \_\_\_\_ - \_\_\_\_

**COBEQUID  
HEALTH CENTRE FOUNDATION  
EDUCATION BURSARY 2018**

**APPLICATION DEADLINE: MAY 31<sup>st</sup>, 2018, 4:00 pm**

Please complete the following form:

I currently attend \_\_\_\_\_ High School in \_\_\_\_\_

**Name:**

\_\_\_\_\_

Last Name

First Name

Middle Name

**Permanent Address:**

\_\_\_\_\_

Street/P.O. Box

City

Province

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Country

Postal Code

Telephone

\_\_\_\_\_

E-mail

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Social Insurance Number (SIN) \*\*

**I have applied to take:**

Program: \_\_\_\_\_

at \_\_\_\_\_ College/University

My student number at this college/university will be: \_\_\_\_\_

**I have been accepted into this program:** [ ] Yes [ ] No

**I have paid the confirmation fee:** [ ] Yes [ ] No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Checklist:**

- [ ] Official Transcript
- [ ] Essay
- [ ] Letter of Acceptance from Health Related Educational Program

Two Letters of Recommendation:

- [ ] 1 personal
- [ ] 1 academic

\*\* We are requesting your SIN number because we are required to prepare Revenue Canada T4a Forms for any Educational Bursaries we award.



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## When is the Deadline?

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In order for your application to be considered it must be complete; which means all letters of recommendation and transcripts must be received by:

**APPLICATION DEADLINE: MAY 31<sup>st</sup>, 2018, 4:00 pm**

## Essay

Explain in an essay why you should be considered for this educational bursary from the Cobequid Health Centre Foundation and what makes you different from other applicants who have applied.

You may want to include: why you chose your particular healthcare field, future plans, and your involvement in the community and extra-curricular activities.

*Please note: This essay should not be more than one typewritten page.  
It should be in a 12-point Arial font.*