



## Royal University Hospital Foundation 2020–2021 Scholarship Application

Please indicate which scholarship(s) you are applying for, ensuring that you meet the criteria as outlined on the scholarship criteria checklist.

- Adrienne Eidem Memorial Scholarship
- Bernice England Scholarship
- Bryan Woods Memorial Scholarship
- C. 'Marcine' Anderson Paediatric Nursing Scholarship
- Canada Life Scholarship (formerly known as Great-West Life, London Life and Canada Life Scholarship)
- Princeton Scholarship
- RUH Auxiliary Psychiatric Scholarship
- RUH Auxiliary "Dr. Louis Horlick" Heart Health Scholarship
- RUH Auxiliary "Glenn Peterson" Oncology Scholarship

### I. Employee Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (wk.) \_\_\_\_\_ (hm.) \_\_\_\_\_

SHA Employee Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_ Director: \_\_\_\_\_

Position: \_\_\_\_\_

Full-time  Part-time  Length of Service: \_\_\_\_\_ (must have worked at minimum for one year)

Employment History (100 words maximum)

Educational Background: (Specify University, technical, other professional training, etc.)

1. \_\_\_\_\_ Date Completed: \_\_\_\_\_
2. \_\_\_\_\_ Date Completed: \_\_\_\_\_
3. \_\_\_\_\_ Date Completed: \_\_\_\_\_

(Please attach an additional sheet if space is insufficient)

**II. Program Information**

Name/Title of Program: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cost of Program: \_\_\_\_\_ Amount Requesting: \_\_\_\_\_

Date Program Started: \_\_\_\_\_ Date Program will be Completed: \_\_\_\_\_

Program Description (100 words):

Other funding or scholarships applied for to support your program:

If you have received RUHF Scholarship support in the past, please indicate the year, amount and what was accomplished through this funding **including your marks** if still in the same program that you have received a previous scholarship for:

### III. Professional Goals

On a separate page, please submit a typewritten letter outlining your professional and personal goals, interpersonal skills and demonstrated expertise as well as other relevant information. Indicate the impact the program or course specified in Section II will have towards accomplishing these goals.

### IV. Letter of Reference

*Please ensure a letter of reference from a Manager or Director is submitted with the application form.*

### V. Proof of Enrollment

Proof of enrollment must be submitted with application

### VI. Applicant's Declaration

*Applications that are incomplete will not be considered.*

I declare that:

- I have answered all questions applicable to me.
- The information given by me in all parts of this award application is true.
- To the best of my knowledge, I have applied only for the scholarships for which I am eligible.
- I understand that RUH Foundation may change, at its discretion, the value and availability of scholarship and policy or procedures with regard to the administration of the awards for which I have applied.
- I give permission for my name and why I applied for the scholarship to be released to the donor of any award I receive.
- I will make effort to attend any event or meeting to celebrate this scholarship.
- I will recognize the support from the RUH Foundation by writing a letter of thank you within 30 days of receiving notification of my award, to be shared with the donor.
- A brief report on the impact of the course or training on your professional skills shall be submitted to RUH Foundation within 60 days of completion of the program or class you received funding for. Further applications will not be accepted if this is not completed.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Completed applications can be emailed to [info@ruhf.org](mailto:info@ruhf.org) faxed to 306.655.1979 or dropped off to Rm. 1626, (by the old main entrance) at the Royal University Hospital.