



Royal University Hospital Foundation 2025 - 2026 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
- Bryan Woods Memorial Scholarship
- 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.) _____ (home/cell) _____

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 (please state): _____

Date Program Started: _____ Date Program will be completed: _____

Program Description – please include why this program would be beneficial to your department and RUH (100 words):

Other funding or scholarships applied for to support your program:

If you have received RUH Foundation Scholarship support in the past, please indicate the year, amount and what was accomplished through this funding **including your marks**:

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 and how it will benefit RUH.

IV. Manager Referral for Scholarship

Please ensure the form is completed by your manager and included in your application

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..

I will recognize the support from the RUH Foundation by writing a thank you letter 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 or dropped off to Foundation Mall Office, (across from Information) at the Royal University Hospital.