

GOLD RIVER HEALTH CARE AUXILIARY
SCHOLARSHIP APPLICATION PROGRAM

This award will be given to one or more GOLD RIVER SECONDARY STUDENT (S) who is/are intending to proceed to a post-secondary institution to study any MEDICAL/HEALTH RELATED FIELD.

NAME: _____
(please print)

ADDRESS: _____

COURSES TAKEN & MARKS ACHIEVED IN THE LAST TWO YEARS (Attach recent transcripts of marks)

FUTURE EDUCATION: AT WHICH INSTITUTION OR SCHOOL DO YOU INTEND TO ENROLL?

WHEN DO YOU EXPECT TO START? _____

HAVE YOU ALREADY APPLIED? YES or NO? _____

HAVE YOU BEEN ACCEPTED? YES or NO? _____

WHAT PROFESSION OR DEGREE ARE YOU AIMING FOR? _____

This Award will be made available when the student has successfully completed his/her first semester at a post-secondary institution and has proof of enrolment for the second semester.

You must be accepted and enrolled within 1 year of receiving the scholarship notification (at Grad) unless special circumstances prevail (i.e. the required courses are full.) If so, please notify the Auxiliary.

SCHOLARSHIP AMOUNT: \$1000.00

DEADLINE FOR APPLICATION SUBMISSION IS MAY 1ST.