



ANNAPOLIS WEST HEALTH FOUNDATION  
STUDENT HEALTH PROGRAM BURSARY

**BURSARY APPLICATION**

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_ YEAR: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ LENGTH OF PROGRAM: \_\_\_\_\_ YEARS

Please attach the following:

- Resume (including your work activities, extra-curricular participation and academic standing and volunteer services)**
- Official Transcript of marks from AWEC or the attending School
- Official letter of acceptance from the University or Community College you will be attending
- 3 Letters of Reference Name & Contact phone #(in support of your participation in the Bursary Program)
- Essay (short description of why you have entered this Program of study, your community involvement, volunteer and/service you are involved in, your plans for the future, i.e. do you plan to return to the Annapolis Royal area after school and what are your career goals).

The successful applicant will be notified at Graduation Ceremonies.

If you are the successful applicant, are you willing to participate in promotional activities for the AWHF?

- Yes
- No Why?

\_\_\_\_\_

DEADLINE FOR APPLICATION IS APRIL 26 of the current year

Please forward the completed application and required documentation to:

ANNAPOLIS WEST HEALTH FOUNDATION  
ANNAPOLIS COMMUNITY HEALTH CENTRE  
3-821 St. George Street, P.O. Box 242  
Annapolis Royal NS B0S 1A0  
Phone: 902-532-4025