



FONDATION HÔPITAL  
RÉGIONAL  
**CHALEUR**  
REGIONAL HOSPITAL FOUNDATION

## **STUDENT BURSARY APPLICATION**

### *Chaleur Regional Hospital Foundation Bursary Fund*

---

The mission of the Chaleur Regional Hospital Foundation We work in close collaboration with the Chaleur Regional Hospital to identify and respond to the dynamic needs of the health care system and to stimulate the engagement of our community Operationally, we combine the support of Hospital endeavours with the respect of donor interests in an effort to meet the evolving healthcare needs.

Education is also an important component of the Foundation. Therefore, we created a student bursary fund to contribute to the education of students pursuing their studies in the health care field.

The Foundation encourage youth to studies in the health care field hoping they will come back as health professional within the region.

## **Selection Criteria**

- Scholarships will be awarded to high school students in the Chaleur region who are pursuing post-secondary studies in the field of health care.
- Be a permanent resident of the Chaleur region (as defined by the geographical boundaries of the **Chaleur** region)
- Be a graduating high school student from a school located in the Chaleur region.

## **Bursary Amount**

The bursary amount is set at 500\$ per student. and is then available upon proof of admission to a university or college.

Applications must be submitted by May 31<sup>st</sup>.

To apply, please complete the enclosed form and return it to:

**CHALEUR REGIONAL HOSPITAL FOUNDATION**  
1750 Sunset Drive  
Bathurst, N.B. E2A 4L7  
Tel.: (506)544-2370 Fax: (506)544-2466  
[www.chaleurfoundation.ca](http://www.chaleurfoundation.ca) • [fondation.chaleur.foundation@vitalitenb.ca](mailto:fondation.chaleur.foundation@vitalitenb.ca)

## **Selection Committee**

The selection committee is made up of members of the Chaleur Regional Hospital Foundation Board of Directors and a representative of the establishment.

## **Proof of admission**

The bursary will be awarded once the student has provided proof of admission to a university or a college.

## **Recipients' Commitments**

Recipients agree to:

1. Provide **proof of enrollment** in a postsecondary institution at the time the bursary is awarded.
2. Sign a **consent form** authorizing the use of their photo and name for the purpose of promoting the Fund (social media, website, annual report, etc.).
3. Provide a recent photo for the official bursary award ceremony.

**STUDENT SCHOLARSHIP APPLICATION FORM**

**1. Personal Information**

Name : \_\_\_\_\_

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

Telephone : \_\_\_\_\_ (home)    Date of birth (MM/DD/YY) : \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. School Information**

Institution Presently Attending: \_\_\_\_\_

Next year, I will be in the \_\_\_\_ year of the \_\_\_\_\_ program  
in the \_\_\_\_\_ Department/Faculty, leading to a  
\_\_\_\_\_ Diploma/certificate/degree from the University of  
\_\_\_\_\_.

**3. Declaration of consent**

If I receive a bursary from the Chaleur Regional Hospital Foundation, I authorize the use of my photo and name for the purpose of promoting the Bursary Fund (social media, website, annual report, etc.)    Yes     No

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE