



Prince Edward County Memorial Hospital Auxiliary Inc.

**HIGH SCHOOL SCHOLARSHIP
APPLICATION FORM**

To be awarded annually to deserving students graduating from secondary school who are pursuing education in the health sciences at an accredited post-secondary institution. The student must currently be a resident of Prince Edward County, and have been so for at least two years. Each scholarship is valued at \$5000.

Please e-mail the completed form, together with the required materials, by May 1st to:

scholarships@pecmhaux.ca

Be sure to include all documentation and reference letters in PDF format.

Name: _____ Student Phone: _____

Address (incl. postal code): _____

E-mail: _____

Name of program to which you are applying: _____

Institution: _____

Length of Course: _____ years.

In **500 typed words or less**, please describe your reasons for pursuing this career, your extra curricular activities and your volunteer experience. In addition, **2 letters of reference are required, one from your high school and one from another source (not friends or family)**.

Release of Information: I authorize the staff of the high school I am attending to release a transcript of my grades, and any other information, and to attach this to my application.

Signature of Applicant

SCHOOL:

Please attach a transcript of the student's grades, together with any other pertinent information.

Date

Signature of Guidance Counsellor / Director