



Prince Edward County Memorial Hospital Auxiliary Inc.  
**MATURE STUDENT SCHOLARSHIP  
APPLICATION FORM**

To be awarded annually to a deserving student who (1) is pursuing education in the health sciences at an accredited post-secondary institution; (2) is currently a resident of Prince Edward County and has been so for at least two years; (3) is at least 22 years of age. The scholarship is valued at \$2500 for a one-year program, and \$5000 for a multi-year program.

Please e-mail the completed form, together with the required materials, by September 1<sup>st</sup> 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 activities and occupation(s) since you left high school
- the reasons why you think you should be considered for this scholarship.

In addition: please include

- **2 relevant letters or references (eg. employers, etc. not friends or family)**
- **A transcript of secondary school grades and any other educational/employment information you feel would be helpful**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant