

Box 195
Kindersley, SK
SOI 180

Ph: 306-463-2901 Fax: 306-463-6372

KINDERSLEY & DISTRICT HEALTH & WELLNESS BURSARY APPLICATION

OBJECTIVE

To recognize the importance of education for our youth, in order that they have the knowledge to promote quality of life in our communities.

"That we may add life to years not just years to life"

METHOD

By annually providing \$1,000.00 bursary in support of a student in the health care field having completed first year at a university or technical school.

The bursary will be paid on proof of enrollment.

ELIGIBILITY

Students who attended and completed school within the Towns of Kindersley, Marengo, Eatonia, Coleville and Brock.

CRITERIA

- 1. Applicants must be enrolled in the healthcare field.
- 2. Students must provide proof of acceptance and registration from the qualifying education institution.
- 3. Qualifying institutions are:
 - a) Any Canadian University or recognized Technical School.
 - b) Any post-secondary institution.
- 4. Only completed applications will be considered.
- 5. Application to be forwarded to:

KINDERSLEY & DISTRICT
HEALTH & WELLNESS
FOUNDATION
BOX 195
KINDERSLEY, SK
SOL 1S0

6. DEADLINE FOR APPLICATIONS SEPTEMBER 30



, Kindersley & District Health & Wellness Foundation Inc.

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Please Print	Surname	Given Name	
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Home Address			
Phone Number			
Date of Birth			
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Course to be Take		Length of Course	
Name of Institution)11	Location	
		Will Forward	
Proof of Registrati	ion Enclosed	- Will TOIWald	
. Are you a Resider	nt of Kindersley District?	If yes, how long?	
Educational Back	ground: School Attended	Average	Year
Grade 10			
Grade 11			
Grade 12	······································		
Total Credits Ob Grade 12 Marks	·	Will Forward	
List any awards c	or scholarships received du	ring Grade 12 (include any dolla	r value)
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11.	Will you be receiving a Provincial or Canada Stud If so, how much?	lent Loan?
12.	Name of Parents (Guardians / Spouse)	
13.	Parents (Guardians/Spouse) Address	
14.	Parents (Guardians/Spouse) Occupation	
15.	Enclose a letter indicating why you are taking thi and others.	s course and how it will benefit yourself
	Signature of Applicant	Signature of Parent/Guardian or Spouse

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