

Scholarship





Name:	Program/Department:		
Position:	Reporting Manager:		
Employee No.:	Years of Service:		
(W) Telephone:	Site:		
(H) Telephone:	Email Address:		
Home Address			
Apt./Street	City	Province	Postal Code
PROGRAM OF STUDY YOU ARE OR WILL BE	ATTENDING		
Name of Program:			
Institution:			
Length of Program:			
Start Date of the Program:			
Anticipated date of graduation:			
DECLARATION			
I certify that all statements on this application are true	e and complete to the best of	my knowledge.	
Signature	Date		
Please email your complete application package by N	lovember 1, 2024. to:		
Email: scholarships@nlhealthservices.ca	, , , , , , , , , , , , , , , , , , , ,		

There are a number of scholarships available to staff, which include:

- 18 \$1,000 scholarships funded by NL Health Services
- Scholarships from various sponsors such as foundations, hospital auxiliaries and clubs.

accepted). Incomplete packages will be disqualified.

 There is one application form and one scholarship review team for all scholarships. They are awarded annually to employees of NL Health Services who are pursuing full or part-time education at a recognized post-secondary institution.

All documentation must be included in the package upon receipt (documents sent separately will not be

Please Note:



Scholarship

* OPPORTUNITIES *



1. CRITERIA

- a. Applicants must have completed a minimum of two years of full-time worked service or equivalent hours to be eligible for a scholarship.
- b. At the time of application, applicants must be enrolled in a program from a **post-secondary** institution of a least one academic year duration.
- c. The scholarships will be awarded based on:
 - i. Letter to the scholarship review team
 - ii. Depth of resume
 - iii. Academic performance
 - iv. Initiative and contribution within NL Health Services or in the community
 - v. Quality of letters of reference
- d. Applicants must indicate in their letter of application how their program of study will benefit the clinical or administrative services of NL Health Services.
- e. Previous recipients of an Eastern Health scholarship may be eligible to receive a NL Health Services scholarship, however, preference will be given to applicants who have not previously received a scholarship from the legacy organization.
- f. Any employee accessing other tuition support from NL Health Services will not be eligible for a scholarship in the same year.
- g. Selection criteria may vary if the scholarship is provided by a sponsor such as a foundation, hospital auxiliary or a club.

2. APPLICATION PROCESS

- a. Applications for these scholarships must be submitted on the **2024 NL Health Services Scholarship Staff Application Form.**
- b. The application package must include:
 - i. Completed application form
 - ii. A complete resume
 - iii. Two SIGNED letters of reference, one of which must be work related (please indicate in subject line if it is a work, school/program or personal related reference)
 - iv. Most recent transcript(s)
 - v. Confirmation of enrollment into the program for the current year
 - vi. A SIGNED letter to the scholarship review team outlining the employee's career plan and how the program of study will benefit the clinical, administrative or support services of NL Health Services
- c. Applications and ALL accompanied documents can be emailed on or before **November 1, 2024. Late or incomplete submissions will not be considered.**
- d. The decisions of the scholarship review team will be final and their discussions will be kept confidential. Scholarship will be awarded in **December 2024.**
- e. If the recipient of a scholarship is unable to complete the program of studies for which the scholarship was granted, the scholarship review team reserves the right to rescind the award and require repayment of the scholarship monies.