

## **SCHOLARSHIP AWARDS 2010**

### **Staff Application Guidelines**

#### **Purpose**

To assist all Muskoka Algonquin Healthcare (MAHC) employees and volunteers in pursuing further education to enhance their employment or volunteer opportunities at MAHC.

#### **Sponsors**

- Huntsville District Memorial Hospital Foundation Scholarship

#### **Criteria for Selection of Candidates**

1. The applicant must be a permanent part-time or full-time staff member who has been employed for at least one full year by the date of application deadline or has volunteered for MAHC for a minimum of 5 years by the date of application.
2. The applicant must be pursuing studies at a recognized post secondary school in a program that relates directly to positions within MAHC.
3. Many factors may be used to determine the successful candidate, such as his/her contribution to the work atmosphere, personal qualities, academic achievement, the candidate's commitment to MAHC and participation in community activities.
4. Letters of support and/or references are required. (3 current)

#### **Selection Process**

The Board of Directors of the Huntsville District Memorial Hospital Foundation will appoint a Scholarship Committee each year and the Committee will make recommendations to the Board of Directors for final selection approval. Candidates will be evaluated anonymously against a pre-designed scoring format as approved by the current Scholarship Committee.

## HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION SCHOLARSHIP

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### **Scholarship Value**

The number and value of bursaries awarded each year will be at the discretion of the Huntsville District Memorial Hospital Foundation Board of Directors with recommendations from the Scholarship Committee and will be reviewed each year.

### **Presentation of Scholarship**

Successful Candidates will be contacted and invited to attend the Annual General Meeting of the Foundation which is held in June of each year, where the public announcement of the Scholarship Awards will be made.

From the date of application, the successful candidate has twelve (12) months to submit proof of enrolment and payment in an applicable program at which time the HDMH Foundation will prepare and deliver a cheque for the awarded scholarship amount.

### **Application Deadline**

**Must be received by the HDMH Foundation by 4 pm on May 7, 2010.**

**Applications are also available online at [www.hdmhfoundation.ca](http://www.hdmhfoundation.ca)**

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**Forward all applications and inquiries to;**

*Huntsville District Memorial Hospital Foundation  
Scholarship Committee  
4-100 Frank Miller Drive  
Huntsville, Ontario P1H 1H7  
T: 789-4756 F: 789-0073  
E: [huntsville.foundation@mahc.ca](mailto:huntsville.foundation@mahc.ca)  
W: [hdmhfoundation.ca](http://hdmhfoundation.ca)*



## SCHOLARSHIP AWARDS 2010

### Staff Application Form

Please complete and/or qualify the following. Additional pages may be attached if required.

Applicant's Given Name	Applicant's Surname
Telephone (home)	Secondary Contact Number (work)
Social Insurance Number	Department
Address	
Manager/Supervisor Name (print)	Manager/Supervisor Phone Number/Ext
Manager/Supervisor signature	

I hereby grant permission to the Scholarship Committee to contact my supervisor to request further information about me if they see fit.

If I am successful, I give permission for the Foundation to make public my award.

Signature: \_\_\_\_\_

## HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION STAFF SCHOLARSHIP

Expected Post Secondary School	Program Cost
Program of studies	Start date

What volunteering have you done?
How have you demonstrated Leadership? (attach if necessary)
List scholarships/funding/reimbursement awarded including the year received.
Attach an essay of approximately 250 words of why you should receive a scholarship.