



# Andrea Thompson Bursary Application

*Please complete in full. Incomplete applications will not be considered. Supplementary information may be attached but please limit attachments.*

## GENERAL INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## COMMUNITY ACTIVITIES

Please list and describe your current and past community involvement, including your achievements. Highlight those activities that you feel are most relevant and best demonstrate your personal interests and capabilities. These may not necessarily be directly related to your program of study/ the paramedic profession.

## FINANCIAL RESOURCES / EXPENSES

### Expenses

Tuition Fees \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Accommodations \_\_\_\_\_

Food \_\_\_\_\_

Utilities \_\_\_\_\_

Transportation \_\_\_\_\_

Other (list) \_\_\_\_\_

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Do you have any financial responsibility to dependents? No  Yes

If yes, for whom?

**TOTAL COSTS FOR PERIOD OF STUDY:** \$ \_\_\_\_\_

### **FINANCIAL RESOURCES**

Do you have other means of financial support? No  Yes

If yes, please advise sources and approximate amounts (i.e., employment, student loans, support from relatives, government programs, other.)

### **REFERENCES**

References play an important part of the evaluation. Please have **two** individuals (excluding relatives) complete the enclosed reference forms. At least one reference must be work, or extra-curricular work related who is able to evaluate your work ethic, aptitude and job performance.

The completed Reference Form must be sent directly from the referees in a sealed confidential envelope to:

The Medavie HealthEd Scholarships Committee  
230 Brownlow Ave., Suite 210  
Dartmouth, NS B3B 0G5

#### **Reference #1:**

Name Position/ Organization

Capacity of Relationship with Applicant (work/ extra-curricular/ personal/ other – please describe)

Phone Number

#### **Reference #2:**

Name Position/ Organization

Capacity of Relationship with Applicant (work/ extra-curricular/ personal/ other – please describe)

Phone Number

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## RELEASE

*I understand that if I am unable to complete the program as funded the Awards Committee reserves the right to require repayment of my award, in whole or in part. I agree to abide by this agreement.*

*I declare that all information provided for this application is accurate and true. If any information is found to be misleading or false, the Awards Committee reserves the right to demand remittance of the full amount of the scholarship/bursary, which will be distributed to the next eligible candidate.*

*I understand that a representative from the Awards Committee may contact the references provided to further discuss my candidacy for this award, and information provided on the reference forms. I have informed these individuals that they may be contacted.*

*I understand that the Awards Committee may request a telephone or in-person interview with me to discuss my application. I agree to participate in this interview.*

*I understand and agree to participate in an official public presentation of this award, including a presentation photo and to permission to deliver public notice about the scholarship award winner.*

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Name - print in full

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Signature

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Date

## ATTACHMENTS

### Checklist:

- 1) Personal Resume highlighting relevant volunteer, extra-curricular, academic and work experiences.
- 2) Two References (to be provided confidentially).

Attachments must be provided to the Scholarship Committee in order for your application to be considered complete. Incomplete applications will not be considered. Additional supplementary information, including a cover letter, may be provided if the applicant feels that they cannot provide all relevant information through this application form or personal resume. Please limit supplementary information (maximum – 4 pages).

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