



Michael Edward Steeves

Memorial Bursary

*Love the life you live:
Live the life you love*

Please complete in full; incomplete applications will not be considered.

General Information:

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Road to Paramedicine:

Please tell us about your road to paramedicine. What influenced you to pursue this career? What challenges were overcome to achieve your goal? What community involvement assisted you in preparation for your chosen career? What do you vision contributing to the profession of paramedicine.

Financial Resources/Expenses:

Tuition: _____

Books & Supplies: _____

Accommodations: _____

Food: _____

Utilities: _____

Transportation: _____

Other: _____

Do you have any financial responsibility to dependants? NO _____ Yes _____

If yes, to whom? _____

Do you have other means of financial support? NO _____ Yes _____ If yes, please advise sources and approximate amounts:

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 forms must be sent directly from the referees in a sealed confidential envelope to:

The Medavie HealthEd Scholarships Committee
154 – 50 Eileen Stubs Ave
Dartmouth, NS B3B 0M7

Reference #1:

Name:

Position/Organization:

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

Phone Number:

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Name:

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

Phone Number:

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 offer permission to deliver public notice about the scholarship winner.

Name – print in full: _____

Signature: _____ Date: _____

Attachments:

- 1) Cover letter detailing your road to paramedicine
- 2) Personal Resume
- 3) 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.