



## SCHOLARSHIP AWARDS 2025

### Student Application Guidelines

**DEADLINE: Friday April 18, 2025 – 4 pm**

#### **Purpose**

To assist deserving graduating high school students who reside in communities served by Huntsville Hospital Foundation and who wish to pursue post-secondary education in the area of Health Sciences. *The scholarship is an award recognizing academic excellence or achievement. In certain cases financial need may be taken into account as a secondary criterion to decide between candidates of approximately equal achievement.*

#### **Sponsors**

The foundation offers two (2) scholarships.

1. Huntsville Hospital Foundation Scholarship
2. Dr. David J. P. Allan Health Sciences Scholarship Award Endowment Fund  
*Dr. David J. P. Allan Health Sciences Scholarship Award was established in 2006 as a perpetual memorial to Dr. Allan who was a longtime physician of the Huntsville Hospital. He believed in continual education. The committee will chose who will receive the honour of receiving the Dr. David J.P. Allan*

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

- The student must be graduating from Huntsville High School or Almaguin Highlands Secondary School in this year.
- The student must be a resident of the catchment area served by the Huntsville Hospital Foundation.
- The student must have applied to a recognized post-secondary school in a health sciences field.
- The student is required to submit the application form
- Provide working transcript signed by an authorized school representative.
- Letters of reference are required. (3 current)

#### **Selection Process**

- The Board of Directors of the Huntsville 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. The committee will recommend who will be awarded the Huntsville Hospital Foundation Scholarship and the Dr. David J. P. Allan Health Sciences Scholarship.

## HUNTSVILLE HOSPITAL FOUNDATION SCHOLARSHIP

### **Scholarship Value**

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

The minimum value of an individual Scholarship will be \$500.

### **Scholarship Presentation**

Typically successful Candidates would 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 recipient has twelve (12) months to graduate from high school and submit proof of enrolment and payment at a recognized post-secondary school at which time the HDMH Foundation will prepare and deliver a cheque for the awarded scholarship amount.

### **Application Deadline**

Applications are available from Huntsville Hospital Foundation or online at [huntsvillehospitalfoundation.ca](http://huntsvillehospitalfoundation.ca)

Applications must be received by the Huntsville Hospital Foundation by **4 pm on Friday April 18, 2025**. Chosen recipients will be notified of their award when selections are made.

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### **Forward all applications and inquiries to;**

*Huntsville Hospital Foundation  
Scholarship Committee  
4-100 Frank Miller Drive  
Huntsville, Ontario P1H 1H7  
T: 789-4756 F: 789-GIVE  
E: [hhfoundation@mahc.ca](mailto:hhfoundation@mahc.ca)  
W: [huntsvillehospitalfoundation.ca](http://huntsvillehospitalfoundation.ca)*



## SCHOLARSHIP AWARDS 2025

### Student Application Form

**DEADLINE: Friday April 18, 2025 – 4 pm**

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

<b>Applicant's Given Name</b>	<b>Applicant's Surname</b>
<b>Social Insurance Number</b>	<b>Date of Birth</b> <small>Year/Month/Day</small>
<b>Telephone Number</b>	<b>Email</b>
<b>Address</b>	
<b>Present School</b>	<b>Years of Secondary Education</b>
<b>Present School Address</b>	

I hereby grant permission to the Huntsville Hospital Foundation Scholarship Committee to contact individuals included in your submission to request further information about me if they see fit.

If I am successful, I give Huntsville Hospital Foundation permission to make public my award.

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

**Signature of parent/guardian if under 18:** \_\_\_\_\_

**CONSENT FOR USE OF MEDIA REPRODUCTION**

- I agree to permit the Huntsville Hospital Foundation and any persons authorized by it to take and produce photographs. I understand that the above may appear in newspapers, websites, newsletters, radio, social media or other Foundation initiatives. I further agree that the Huntsville Hospital Foundation may use, publish, copyright, sell and otherwise deal with any of the reproductions for (i) educational purposes, (ii) advertising purposes, and (iii) any other use which in its discretion sees fit.

Office Use Only	2025STD-
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HUNTSVILLE HOSPITAL FOUNDATION STUDENT SCHOLARSHIP 2025

Grade Average	Graduating Year	Present School	
Expected Post-Secondary School		Expected Program of studies	Start date

**ACTIVITIES:** List school activities/sports you have been involved in.

**VOLUNTEERING:** What volunteering have you done related to Health Sciences?

What other Volunteering have you done?

HUNTSVILLE HOSPITAL FOUNDATION STUDENT SCHOLARSHIP 2025

<p><b>LEADERSHIP: How have you demonstrated Leadership? (attach if necessary)</b></p>
<p><b>EMPLOYMENT: List part-time employment</b></p>
<p><b>ESSAY: Attach an essay of approximately 220 words of why you should receive a scholarship.</b></p>
<p><b>CO-OP: Have you done any Co-op? If so, explain.</b></p>