

Bursary Opportunity

THE HAMIOTA DISTRICT HEALTH CENTRE FOUNDATION INC. BURSARY FUND

Applications are now being accepted for the Hamiota District Health Centre Foundation Inc. Bursaries of \$500.00. To be eligible, the applicant must:

1. Be a resident in one of the following Municipal Corporations: Hamiota, Oakview, Prairie View or Wallace-Woodworth.
2. Be a grade twelve graduate having attended either Birtle, Elton, Hamiota, Minnedosa, Rivers, Strathclair, or Virden Collegiate for the last two years unless temporarily absent from his or her principal residence for education, training, health, vacation, or other purpose of reasonably limited duration, provided that the person in question retains his or her principal residence there.
3. Be a Canadian citizen or landed immigrant
4. Be enrolled in a university, community college, emergency services college or recognized educational institution providing the course of studies outlined.
5. Be enrolled in a course of studies leading to a career in any of the following fields:
 - Pre-Medicine
 - Nursing
 - Emergency Medical Services
 - Other Health Related Medical Studies
6. Give proof of registration in an eligible program
7. Provide a statement of tuition costs for the particular course he or she may be enrolled in
8. Provide a statement of current academic standing.
9. Provide a personal resume
10. Only one recipient will be selected per Collegiate
11. The bursary will be paid to the recipient on or about the 1st day of February 1st, 2023.

Submit your application with documentation to:

**The Hamiota District Health Centre Foundation Inc.
Box 671
Hamiota, Manitoba R0M 0Z0**

**The Hamiota District Health Centre Foundation Inc.
Bursary Application Form**

Name: _____
Address: _____
S.I.N. #: _____

1. Are you a Canadian citizen? Yes No
Are you a Landed Immigrant? Yes No
2. From which qualifying Collegiate will you Graduate? _____
3. How long have you been a resident in the qualifying municipality? _____
4. How long have you been a student in the qualifying Collegiate? _____
5. What is your program of studies? _____
What is the term of the studies? Less than two years
 Two years or more
6. Please provide proof of registration in an eligible program.

I certify that the information I have provided is true and accurate.

Signature

Date

Once completed, submit your application complete with documentation to:

**Hamiota District Health Centre Foundation Inc.
Box 671
Hamiota, Manitoba
R0M 0T0**

**DEADLINE FOR SUBMISSION
MARCH 31, 2023**