

PONOKA HOSPITAL AND CARE CENTRE Ladies' Auxiliary Community Volunteer Award

The Award

A one-time award of \$500.00 will be given to a successful graduating high school student. One award will be presented per year. In cases of two or more applications, acceptance will be based on best academic marks and most positive Statement of Intent written by the applicant.

Criteria

The successful applicant:

- will be registered at time of application with a volunteer agency within the Ponoka & District area.
- will provide proof of acceptance to a post-secondary program in the field of health care.
- will provide two letters of references/ supports from two other sources, ie: teacher, coach, minister, etc. demonstrating the applicant's dedication to academic achievements and overall character.
- will provide a letter of recommendation from the volunteer agency, stating volunteer performance, number of volunteer hours and reliability.
- will provide a Statement of Intent of no less than 100 words describing the applicant's career goals and why he/she feels qualified to receive the award.

Awarding of Funds

Recipient of award will be notified in writing and a presentation will be arranged.

Application Deadline: September 1st

Application forms are available at the Ponoka Hospital and Care Centre- Volunteer Resources office.

Submit Completed Applications To:

Ponoka Hospital and Care Centre c/o: Ladies Auxiliary Community Volunteer Award Volunteer Resources 5800-57 Avenue Ponoka, Alberta T4J 1P1



PONOKA HOSPITAL AND CARE CENTRE

<u>Ladies' Auxiliary Community Volunteer Award</u> <u>Application Form</u>

| NAME: | |
|--------------------------------------|-------------------------------|
| ADDRESS: | |
| | / |
| | |
| TELEPHONE: | |
| NAME OF SCHOOL PRESENTLY ATTENDE | |
| NAME OF EDUCATIONAL INSTITUTION TO | WHICH YOU HAVE BEEN ACCEPTED: |
| (Attach a copy of acceptance letter) | |
| | |
| FACULTY/PROGRAM OF POST-SECONDAI | RY STUDIES IN HEALTH CARE: |
| | |
| DATE YOU WILL BE START POST-SECOND | DARY STUDIES: |
| | |
| | |
| | |
| | |
| | |
| Signature of Applicant | Date |
| ignature Of Parent/ Guardian | Date |
| f applicant is under the age of 18) | vale |