PONOKA HOSPITAL & CARE CENTRE HOSPITAL AUXILIARY COMMMUNITY 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.

The Criteria

The successful applicant:

- will be registered at the 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 and proof of attendance in chosen field
- will provide **two** letters of reference/ 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 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 & Care Centre, Volunteer Resources office.

Submit Completed Applications to:

Ponoka Hospital & Care Centre Volunteer Resources C/O Hospital Auxiliary Community Volunteer Award 5800-57 Avenue Ponoka, AB T4J 1P1

PONOKA HOSPITAL & CARE CENTRE

Hospital Auxiliary Community Volunteer Award Application Form

NAME:	
ADDRESS:	
Email:	
TELEPHONE:	
NAME OF SCHOOL PRESENTLY ATTEND	DING:
	TO WHICH YOU HAVE BEEN ACCEPTED:
FACULTY/PROGRAM OF POST SECOND	PARY STUDIES IN HEALTH CARE:
DATE YOU WILL BE STARTING POST-SE	CONDARY STUDIES:
Signature of Applicant	Date
Signature of Parent/Guardian (If applicant is under the age of 18)	Date