

# Health Careers Scholarship Initiative

## **Purpose:**

To encourage and support students of Aboriginal ancestry who wish to pursue educational opportunities leading to careers in the health professions. To promote equity in distribution, every effort will be made to ensure the regional/geographic location of applicants is considered. The Health Careers Initiative is committed to supporting as many students as possible; therefore allocations will be up to a maximum of \$2,000.00 for students registered in a Health Career Program in British Columbia.

## **Who Can Apply:**

Canadian citizens of Aboriginal ancestry who have resided in British Columbia for the last 12 months, excluding time spent in foreign academic institutions. Proof of Aboriginal ancestry may be provided in the form of written confirmation from Indian and Northern Affairs Canada, a copy of a valid status membership card or a letter from an official of an accredited Aboriginal organization.

Individuals with a minimum of a “B” grade point average and whose level of education is acceptable for enrolment in a professional health careers program. A Professional health careers program is; post-secondary program in a federally recognized college or university that provides a degree or diploma qualifying graduates for employment in an accredited health career professions, such as medicine, nursing, dentistry, health administration, Traditional Medicine, etc. (Please demonstrate connection to the field of Health).

*The HCI supports individuals with a demonstrated commitment to a Healthy Life Style*

## **How to Apply:**

Please read the instructions on the application form carefully. All required documentation should be included with the completed application form. All mailed applications will be accepted if the postmark is on or before the application deadline.

**Applications must be submitted by June 26, 2009**

Attention to:



**First Nations Health Council**  
Health Careers Coordinator  
#1205 - 100 Park Royal South  
West Vancouver, BC V7T 1A2  
Phone: 604.913.2080  
Toll-Free: 1.866.913.0033



First Nations Health Council

# Scholarship Application

## Health Careers Initiative

Submit Application to:  
Health Careers Initiative  
#1205 - 100 Park Royal South  
West Vancouver, BC V7T 1A2

For more information, please contact us at:  
Tel. (604) 913 2080  
Toll Free 1 866 913 0033  
Fax (604) 913 2081  
www.fnhc.ca

### APPLICATION INSTRUCTIONS

Please complete the application form fully. If a question does not apply to you, mark it NA (not applicable). Incomplete forms will not be considered.

These documents must be included with your application:

- an official transcript sent by the appropriate educational institution showing your present level of education (no unofficial transcripts or photocopies accepted);
- a letter from the college or university stating that you have been accepted for enrolment in the program for which you are requesting a scholarship (photocopy accepted);
- proof of Aboriginal ancestry;
- an original letter of recommendation from a teacher or employer; and
- Letter of Interest as indicated from item Number 18.

If there is any change to your contact information after submission, please send updated information immediately. Failure to provide current telephone and address may result in unnecessary delay in processing.

### GENERAL INFORMATION

1. Family name		Given names			
2. Complete mailing address (No., Street, Apt. No., R.R. No.)					(City or Town)
(Province)	(Postal Code)	Telephone	Email		
3. Place of birth					
5. Are you of aboriginal ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Date of birth	
				Day	Month
				Year	8. Tribal/Band affiliation
9. Have you lived in B.C. for the last 12 months, excluding time spent in a foreign academic institutions? <input type="checkbox"/> Yes		10. Have you applied to this program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Amount received	
				Academic year(s) received	

### EDUCATION

12. What is your present level of education? <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Upgrading <input type="checkbox"/> College <input type="checkbox"/> University	
13. What secondary school did you attend? Year of Graduation?	List completed certificates and/or degrees.
14. Name and location of the institution in which you will be enrolled. Acceptance by institute confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Give the name of the health careers program in which you will be/are enrolled.	What will your accreditation be upon completion of this program?
16. Give the beginning and anticipated graduation date for your program	From To
18. Give the start and finish dates for the period covered by this application	From To
19. If you intend to take other health career studies after the one you are in or applying for, describe their nature and duration.	

