

YARMOUTH HOSPITAL FOUNDATION
FONDATION HÔPITAL DE YARMOUTH



www.yarmouthhospitalfoundation.ca

**Yarmouth Hospital Foundation Scholarship
Application Form**

Name: _____
Last First Middle Initial

Address: (at time of application to Nursing Program)

Dalhousie ID number (Banner number) _____

Describe any volunteer activities that you have been involved in over the past five years.

Describe your intentions to complete the entire four years of the nursing program on site in Yarmouth as opposed to seeking a transfer to the Halifax campus.

Describe your plans for seeking employment after graduation from the nursing program, (i.e. where do you plan to work?)

Please share any other information that you believe the awarding body of this scholarship should be aware of in considering your application.

Please attach to this application form:

- **A copy of your letter of acceptance from Dalhousie University**
- **Two typed letters of reference which address your academic ability and your potential to contribute to a nursing role**
- **A copy of your high school transcript and any other transcripts which indicate academic ability**
- **A one page essay (typed) introducing and describing yourself.**

I hereby declare that the foregoing information is true, complete and correct. I understand that a false statement will be grounds for discontinuation of the scholarship should I be the successful candidate.

Signature_____

Date_____

Submit this application form and accompanying documents to:

**Adele LeBlanc, Site Administrator
Dalhousie University School of Nursing
Yarmouth Site
58 Vancouver St.
Yarmouth N.S. B5A 2P5**

(If more room is required, additional pages may be added)

Application deadline is September 30th