## APPLICATION FORM

GENERAL APPLICATION FORM

This application is for the following eight (8) scholarships: Yarmouth Hospital Foundation Scholarship (\$5000), David R. Hall Scholarship in memory of Dr. Margaret Churchill (\$5000), Drs. Rajender & Asha Parkash Scholarship (\$2500), Eileen R. Morisset Scholarship (\$2000), Lina & Alphie Comeau Memorial Scholarship (\$1500), Scholarship A (\$3,000), Scholarship B (\$3,000) and Scholarship C (\$3,000).

Submission of one form will have you in contention for all eight of these scholarships.		
APPLICATIONS ARE DUE SEPTEMBER 30TH OF YOUR FIRST YEAR OF STUDY AT THE DALHOUSIE UNIVERSITY SCHOOL OF NURSING, YARMOUTH CAMPUS.		
Name (Last, First, Middle initial)		
Date of Birth (DD/MM/YY)	Dalhousie ID number (Banner number)	
Address (at time of application to Nursing Program)		
Describe any volunteer activities that you have been involved in over the past five years.		
Describe your intentions to complete the entire nursing proseeking a transfer to the Halifax campus.	gram on campus in Yarmouth as opposed to	

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

lease share any other information that you believe the awarding body of this scholarship should be aware f in considering your application.		
<ul><li>Your (typed) or</li><li>A copy of your</li><li>A copy of your</li><li>A copy of your</li></ul>	letter of acceptance from Dalhousie University. ers of reference which address your academic ability and your po	•
COMPLETE, A	Y DECLARE THAT THE FOREGOING INFORMATION AND CORRECT. I UNDERSTAND THAT A FALSE STA S FOR DISCONTINUATION OF THE SCHOLARSHIP S THE SUCCESSFUL CANDIDATE.	TEMENT WILL
Signed:		
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Date:		
Sı	ubmit this application form and all accompanying documents to:	
	Or. Shelley L. Cobbett, Site Administrator Dalhousie University School of Nursing, Yarmouth Campus 58 Vancouver St, Yarmouth N.S. B5A 2P5	

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