



**EDUCATIONAL ASSISTANCE AWARD**  
**Student Application Guidelines**  
**DEADLINE:** Friday, April 26th, 2024 at 4 pm

**Purpose**

To assist deserving graduating secondary school students who reside in communities served by South Muskoka Hospital Foundation (SMHF) and who wish to pursue post-secondary education in the area of Health Sciences. Two awards will be available recognizing: 1 Volunteerism and 2. Academic achievement. In certain cases, financial need may be taken into account as a secondary criterion to decide between candidates of approximate equal achievement. Eligible secondary schools include Gravenhurst High School, Bracebridge and Muskoka Lakes Secondary School, and St. Dominic Catholic Secondary School. Awards will be distributed annually at the SMHF Annual General Meeting (AMG) in June of each year.

The foundation offers two student awards:

- Volunteerism Award
- Academic Achievement Award

**Criteria for Selection of Candidates**

1. The student must be graduating from Gravenhurst High School, Bracebridge and Muskoka Lakes Secondary School, and St. Dominic Catholic Secondary School in this year.
2. The student must be a resident of the catchment area served by the South Muskoka Hospital Foundation.
3. The student must have applied to a program offered by a recognized post-secondary institution in a health sciences field.
4. The student is required to submit the application form.
5. Provide a working transcript signed by an authorized school representative.
6. Letters of support and/or reference are required. (3 current)

**Selection Process**

The SMHF Board of Directors will appoint an Awards Committee each year and the Committee will make recommendations to the Board of Directors for final selection approval. Candidates will be evaluated anonymously against a pre-designed scoring format as approved by the current Awards Committee. The committee will recommend who will be awarded the volunteerism and academic achievement awards.

**Award Value**

The number and value of awards awarded each year will be at the discretion of the SMHF Board of Directors with recommendations from the Awards Committee and will be reviewed each year. The minimum value of an individual award will be \$500, and the maximum will be \$2000.

**Award Presentation**

Successful candidates will be contacted and invited to attend the Board of Directors AGM. From the date of application, the recipient has twelve (12) months to graduate from high school and submit proof of enrolment and payment at a recognized post-secondary school at which time the SMHF Foundation will prepare and deliver a cheque for the awarded amount.

**Application Deadline**

Applications must be received by the South Muskoka Hospital Foundation by 4 pm on Friday, April 26th, 2024.

Forward all applications and inquiries to;  
Hadley Priest, Fundraising Coordinator  
75 Ann St. Bracebridge, Ontario P1L 2E4  
T: 705 645 4404 ext 3189  
E: Hadley.priest@mahc.ca  
W: healthmuskoka.ca



## EDUCATIONAL ASSISTANCE AWARDS 2024 Student Application Form

**Deadline: Friday, April 26<sup>th</sup>, 2024, at 4 pm**

*Please complete the following. Additional pages may be attached if required.*

### General Contact Information

Applicant First and Last Name:	
Date of Birth:	
Telephone Number:	
Email Address:	
Address:	
Present School Name & Anticipated Graduation Date:	

- ☐ I hereby grant permission to the SMHF Awards Committee to contact my supervisor to request further information about me if they see fit. If I am successful, I give permission for the SMHF to make public my award.
- ☐ I agree to permit the SMHF and any persons authorized by it to take and produce photographs. I understand that the above may appear in newspapers, websites, newsletters, radio, social media, or other Foundation initiatives. I further agree that the SMHF may use, publish, copyright, sell and otherwise deal with any of the reproductions for (i) educational purposes, (ii) advertising purposes, and (iii) any other use which in its discretion sees fit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian if under 18: \_\_\_\_\_

### Academic Information

Current Grade Average:	
Expected Post-Secondary School:	
Program of Study:	
Start Date:	

#### Activities

List school activities/sports you have been involved in.

**Volunteering**

What volunteering have you done related to Health Sciences? What other volunteering (unpaid) have you done?

**Leadership**

How have you demonstrated Leadership?

**Employment and/or Co-op**

List part-time employment and/or co-op experience

**Essay**

Attach a brief essay of approximately 220 words on why you should receive an educational assistance award. If financial need is a factor, please include an explanation in your essay.

**Please attach three letters of reference.**

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