

LLOYDMINSTER HEALTH-CARE AUXILIARY

LLOYDMINSTER HEALTH CARE AUXILAIRY BURSARY:

Awarded to Grade XII students residing in the Lloydminster Hospital district and who has been accepted for a course in technology, therapy, medical, librarian, or other health related course, a bursary of \$600.

Name: _____

Address & Phone: _____

Parent or Guardian: _____

Occupation of above: _____

Course for which accepted: _____

Location of Institution: _____

Date of Registration: _____

Date you Begin Classes: _____

Providing a vacancy exists in your chosen field in the Lloydminster Hospital, would you be willing to serve in it for a period of one year? _____

RECOMMENDATION OF SCHOOL AUTHORITIES

I hereby declare that _____ attended _____
from _____ to _____

AND that his/her attitude, character and ability were satisfactory.

Signature

Date

APPLICANT:

Please complete and submit with transcript or proof of Grade XII standing by August 20th along with a short resume and an acceptance letter from the University or College you will be attending. Lakeland College University Transfer Program will not be accepted. If the course is uncompleted by the recipient, a refund is expected.

SUBMIT TO: Mrs. Wilma Bodnard
3005 - 51A Ave
Lloydminster, AB T9V 1L9

For further information, phone: (780) 875-4936 and leave a message.