

**LLOYDMINSTER HEALTH-CARE AUXILIARY  
APPLICATION  
The JOAN BELLWARD SCHOLARSHIP**

**\$600.00 awarded to Grade XII student or 2<sup>nd</sup> year student that is residing in the Lloydminster Hospital district  
and who has been accepted for the diploma or degree course in Nursing.**

Name & date of birth: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Occupation of above: \_\_\_\_\_

Course for which accepted: \_\_\_\_\_

Name & 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 20<sup>th</sup> 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.**