

SMMH Auxiliary  
Health Services Scholarship  
Staff Application Form

<b>Applicant's Full Name</b>
Address
Contact Telephone Number(s)
Department
Expected Post Secondary School
Programme of Study
Programme Costs
Community Involvement (include any volunteering)
List Scholarships/Funding/Reimbursements awarded (including the year received)
Names of and contact information of your 3 references (include letters with this application)

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**Applicants are required to submit an essay of approximately 250 words with their application, explaining why they feel they are an appropriate candidate to receive this scholarship.**

I hereby grant permission to the SMMH Auxiliary to contact my references to request further information about me if they see fit.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

By **May 3, 2019**, please forward:

- this application form
- your essay
- your three letters of reference
- any letters of support you wish to submit (max. 3)

to:

The President. SMMH Auxiliary  
South Muskoka Memorial Hospital  
75 Ann St.  
Bracebridge ON  
P1L 2E4