

SMMH Auxiliary  
Health Services Scholarship  
Student Application Form

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| Applicant's Name   |
| Address  |
| Contact Telephone Number(s)  |
| Years of Secondary Education   |
| Present School   |
| Grade Average  |
| Guidance Counsellor  |
| Contact Telephone Number(s) for Counsellor                                     |
| Expected Post Secondary School   |
| Programme of Studies   |
| School Activities you have been involved in                                    |
| Co-op Experience (if any)  |
| Personal Development beyond school (i.e. part-time jobs, volunteering, sports) |
| Other scholarships and value   |

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Names of and contact information for your 3 references (include letters with this application)

**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 school and/or my references to request further information about me if they see fit.

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

Signature of Parent/Guardian (if applicant is under 18)

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

- this application form
- secondary school transcript
- 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