



## MEMBER SCHOLARSHIP APPLICATION FORM 2025

Name in Full

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Last

First

Middle

Home Address

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Apt / #

Street

City

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Province

Postal Code

Telephone #

Email Address:

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School

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Name of School

Street Address

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Mailing Address

Postal Code

Telephone #

Most Recent Overall Grade / GPA: \_\_\_\_\_

What post-secondary facility are you planning to attend? University\_\_\_\_ College\_\_\_\_

Name of Parent / Step Parent/ Guardian (If not an employee): \_\_\_\_\_

Organization you or your Parent / Step Parent/ Guardian work with: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

I am planning to attend

**First Choice**

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Name of School	Street	City
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Province	Postal Code	Telephone #
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**Alternate Choices**

1) \_\_\_\_\_

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Name of School	Street	City
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Province	Postal Code	Telephone #
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2) \_\_\_\_\_

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Name of School	Street	City
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Province	Postal Code	Telephone #
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Has University/College application been made: Yes  No

Has University/College application been accepted: Yes  No

Name of program being applied for:

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Number of years required to complete program:

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Enrolled in Program on a: \_\_\_\_\_ Full - time Basis

\_\_\_\_\_ Part - time Basis

Please indicate which one (1) of the programs that your application should be considered:

Business  Law  Engineering/Applied Science  Member & Partnership

Health  Early Childhood Education

### Invitation to Self- Identify (Optional)

Scholarship applicants who identify as a member of an equity seeking group including Aboriginal, Indigenous Peoples, Racialized, Black, and/or People of Color, People with disabilities, 2SLGBTQIA+ and/or gender and sexually diverse individuals are encouraged to self-identify as part of the application process.

I **do not** wish to Self-Identify

I would like to Self-Identify as \_\_\_\_\_  
(please include all which may apply)

**\*Please note all information provided is confidential.**

## Personal Statement:

We are looking for well-rounded individuals who consistently demonstrate core competencies of high accountability, solid judgement, integrity, strong work ethic, positive attitude and respect for others. Give a brief explanation of how you meet these expectations. Provide examples of your extra-curricular activities. Please note that extracurricular activities may include but are not restricted to community involvement, and/or demonstrated leadership and/or outstanding athletic/artistic performance.

### **Career / Occupational Goals:**

List up to three careers or occupations you are considering in order of preference.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### **Acknowledgement and Authorization:**

I certify that all the information provided on this application form and in all the accompanying documents is true, accurate, and complete.

I authorize Health Association Nova Scotia to collect information about me and /or from me relevant to this Scholarship Application from sources such as high school, college, university, government, or community sources; and from references I have provided to you.

The information you collect may include but is not limited to personal evaluations and transcripts.

I authorize Health Association Nova Scotia to use the information for any purpose related to the provision of Health Association Nova Scotia Scholarships including publicity and promotions, and Health Association Nova Scotia may share it with anyone who works with or for them, but only as needed for the provision of Health Association Nova Scotia Scholarship program. Otherwise the information is to be kept confidential.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **IMPORTANT NOTE:**

Before you send in your application remember to include:

- Two letters of reference from non-family members
- Proof of enrollment into a full-time, post-secondary program of at least one year in length
- A transcript of your current or most recent year marks

**Please note the applications for 2025 must be submitted on or before August 22, 2025 at 4pm.**

**Please send all required documents to [scholarships@healthassociation.ns.ca](mailto:scholarships@healthassociation.ns.ca).  
Do not mail or drop off any documents.**