



MEMBER SCHOLARSHIP APPLICATION FORM 2025

Name in Full

Last First Middle

Home Address

Apt / # Street City

Province Postal Code Telephone #

Email Address:

School

Name of School Street Address

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

Name of School Street City

Province Postal Code Telephone #

Alternate Choices

1) _____
Name of School Street City

Province Postal Code Telephone #

2) _____
Name of School Street City

Province Postal Code Telephone #

Has University/College application been made: Yes ☐ No ☐

Has University/College application been accepted: Yes ☐ No ☐

Name of program being applied for:

Number of years required to complete program:

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.

Do not mail or drop off any documents.