

Tobique Valley Health Care Foundation
Scholarship Application

I, _____, hereby apply for the Tobique Valley Health Care Foundation Scholarship, in the amount of \$1000. I plan to attend:

Institution: _____

Program: _____

Starting Date: _____

This scholarship will be awarded to a graduate of Tobique Valley Middle High School or a graduate of the Truth Learning Academy for the year of graduation. The applicant must meet the following qualifications:

- Be of good academic standing
- Be planning to study in the field of health care

With this application, please include:

- Transcripts of your marks for Grades 11 and 12 (to date)
- A brief essay (max. 300 words) outlining your future plans in your chosen field and your reasons for choosing this field
- A list of personal accomplishments, including extra-curricular activities and community involvement

Note: the scholarship funds will be forwarded to the student upon confirmation, by the Registrar of the post-secondary institution, of successful completion of the first semester and registration for the second semester.

Approved by the Tobique Valley Health Care Foundation

Signed: _____

President

Signed: _____

Secretary