

Dr. Frank Timmermans Scholarship

Guidelines for Scholarship Application Form



First Nation Health Programs
Whitehorse General Hospital

1. Purpose

To encourage students of Yukon First Nations ancestry who are entering the field of western medicine and who intend to serve in the north by providing a scholarship of \$5000.00 per term

2. Who can apply?

Consideration will be given to the applicants of Yukon First Nations ancestry who intend to serve in the North who have obtained a bachelor degree and are accepted into a recognized accredited school of medicine.

3. How to apply

- Complete the application form.
- Include an official transcript sent by the appropriate educational institution showing your present level of education.
- A copy letter from your College or University stating that you are accepted for enrolment in the program for which you are requesting a scholarship.
- Proof of aboriginal ancestry.
- Two letters of recommendation from teachers or employers.

Mailing Address:

**First Nation Health Programs Scholarship Committee
First Nation Health Programs
Whitehorse General Hospital
#5 Hospital Road
Whitehorse, Yukon
Y1A 3H7**

4. How will the applications be assessed?

Granting of the scholarships will be determined by the scholarship committee and the total number of applicants received in relation to funds available. The committee will set priorities based on such things as:

- comments from letters of references provided
- evidence of long term commitment to the field of medicine
- evidence of potential for success
- how your eventual goals will contribute to improve health for Aboriginal communities.

Dr. Frank Timmermans Scholarship Application Form



Confidential

Read the attached SCHOLARSHIP GUIDELINES carefully. These documents should be included with the application. Failure to do so will cause unnecessary delays in processing.

Please include:

- An official transcript sent by the appropriate educational institution showing your present level of education.
- Proof of Aboriginal ancestry (photocopy accepted)
- Two letters of recommendation from teachers or employers
- Forecasted budget for the school year

Mailing Address: First Nations Health Programs
Attention: Scholarship Committee
#5 Hospital Road
Whitehorse, Yukon
Y1A 3H7
Fax: (867) 393-8750

General Information

1. Last Name: _____
Given Names and Initials _____ Social Insurance Number _____
2. Mailing Address: _____
(City or Town) _____
(Territory or Province) _____ (Postal Code) _____
3. First Nation Affiliation _____
4. Name and Telephone # of another person through whom you can be reached? _____
5. Are you of Aboriginal Ancestry? Yes No
6. Are you a Canadian Citizen? Yes No
7. Date of Birth _____
8. Have you applied to the Program in the past? Yes No
9. Amount Received \$ _____
10. Academic year received _____

Education Program

11. What is your present level of Education?
College: 1 2 3 4 University: 1 2 3 4 5 6 7+
12. Name and location of the institute in which you are enrolled: _____
13. Give the beginning and anticipated graduation date of your program:
From _____ To _____
14. Give the start and finish date for the period covered by this application:
From _____ To _____
15. If you intend to take other health career studies after the one you are applying for, describe their nature and duration: _____
16. Describe in your own words why you would be well suited for medicine, where you would like to eventually work, and your career objectives, how your eventual goals will contribute to improve health for Aboriginal communities and any additional information which you think might help the Scholarship Review Board to better assess your application. (Please attach your response to the form.)

Statement of Applicant: I solemnly swear that to the best of my knowledge, the information contained in this application is complete and accurate

Signature: _____ Date: _____