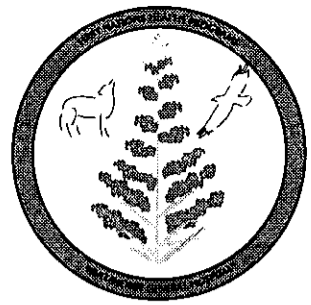


Yukon Native Health Scholarship Application Form



CONFIDENTIAL

Read the attached SCHOLARSHIP GUIDELINES carefully. These documents should be included with this 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 original 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 institution in which you are enrolled: _____
13. Give the name of the health careers program in which you are enrolled. _____
14. Give the beginning and anticipated graduation date for your Program:
 From _____ To _____
15. Give the Start and Finish dates for the period covered by this application:
 Start _____ Finish _____
16. If you intend to take other health career studies after the one you are in or applying for, describe their nature and duration.

17. Describe in your own words why you feel you would be well suited for the health profession you have chosen, where you would eventually like to work, your career objectives, how your eventual goals will contribute to improved 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 this 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: _____

YUKON NATIVE HEALTH SCHOLARSHIP
FIRST NATIONS HEALTH PROGRAMS / WGH
First Nations Health Careers Scholarship Fund

Guidelines for Scholarship Application Form

1. Introduction

The First Nation Health Programs, situated in the Whitehorse General Hospital, has initiated and established a Scholarship Fund for Aboriginal youth who are pursuing education and professional development in the Health Careers and other areas of study related to health.

2. Who May Apply

Canadian Aboriginal peoples of the Yukon Region, not necessarily residing in Yukon, but are enrolled in the Yukon Land Claims Enrolment.

3. Purpose

To encourage students of Yukon First Nations ancestry who wish to pursue educational opportunities leading to health careers, and to encourage those students to work in the North.

a) To encourage students who are graduating from or are accepted into one of the following health careers:

- | | |
|--|---------------------------|
| - Nursing | - Psychology |
| - Community Health Nursing | - Environmental Health |
| - Outpost Nursing | - Kinesiology |
| - Midwifery | - Lab Technician |
| - Medicine | - Physiotherapy |
| - Chiropractor | - Hospital Administration |
| - Mental Health | - Pharmacology |
| - Dentistry | - Radiology |
| - Dental Therapy | - Nutrition |
| - Any accredited Complementary/Alternative/Naturopathic Courses | |
| - Others as determined by the Yukon Native Health Scholarship Committee. | |

(b) Graduates who wish to further their education i.e.: CNA – RN, RN-BSc, BSc-MD

4. How to Apply

Complete the application form.

Include an official transcript from the appropriate educational Institution showing your present level of education.

Include a copy of a letter from your College or University stating that you are accepted for enrolment in the program for which you are requesting the scholarship to cover.

Include letter of support from First Nation Registered/affiliated with.

Include two original letters of reference from teachers or employers.

All documentation should be complete and enclosed with the Scholarship Application and mailed to the First Nations Health Programs office in Whitehorse, Yukon. The deadline for any given academic year is May 15th.

Mailing address:

Yukon Native Health Careers Scholarship Committee
First Nations Health Programs
Whitehorse General Hospital
#5 Hospital Road
Whitehorse, Yukon Y1A 3H7 PH: 393-8758

5. How the applications will be assessed

The committee and the total number of applications received in relation to total funds available will determine granting of the scholarships. The Committee will set priorities based on such things as:

- evidence of need
- comments from letters of references provided
- evidence of long term commitment to a health career
- evidence of potential for success
- how your eventual goals will contribute to improve health for Aboriginal communities (letter)