## James Bradley Tubbs Memorial Scholarship Application



## **Application Requirements:**

- RDRH Foundation application TYPED
- □ Deadline submission March 1<sup>st</sup>, 2020 at 11:59 p.m.
- ☐ Must be enrolled in a formal education program specific to the scholarship
- ☐ Must provide record of transcripts
- □ Confirmation of enrollment from the registrar must be attached
- ☐ Intent is to commit to employment with AHS within the Red Deer Area
- ☐ Demonstrates community service and strong work ethic

| Benionstrates community service and strong work came   |                                  |  |  |  |
|--|----------------------------------|--|--|--|
| DEMOGRAPHICS   |                                  |  |  |  |
| Last Name:   | First Name:                      |  |  |  |
| Present Address:   | City: Postal Code:               |  |  |  |
| Permanent Address (if different then above):   | City: Postal Code:               |  |  |  |
| Are you legally eligible to work in Canada:   Yes   No If no, explain:   |                                  |  |  |  |
| Day Time Phone:  | Cell Phone:                      |  |  |  |
| Email Address:   |                                  |  |  |  |
| EMPLOYMENT STATUS  |                                  |  |  |  |
| Employed with AHS:   Yes   No  | Name of AHS facility/facilities: |  |  |  |
| Currently employed in area/department:   |                                  |  |  |  |
| Employment status:     Full-time   Part-time   Casual  |                                  |  |  |  |
| Length of employment with AHS:   |                                  |  |  |  |
| Will you be maintaining permanent (either part-time or full-time) employment with AHS while completing your studies?  Yes No |                                  |  |  |  |
| PROGRAM INFORMATION  |                                  |  |  |  |
| Name of Institution and Program:   |                                  |  |  |  |
| Type of Program:   Course   Certificate   Diploma   Degree   |                                  |  |  |  |
| Length of Program:   |                                  |  |  |  |
| Which year of the program are you currently enrolled:  |                                  |  |  |  |
| Have you taken any other additional post-secondary education? □ No □ Yes, please specify:                                    |                                  |  |  |  |
| What percentage of the cost of your education will be paid for by? Yourself% Loans% Scholarships/Bursaries% Parents% Other%  |                                  |  |  |  |
| Signature:   | Date:                            |  |  |  |



## **James Bradley Tubbs Memorial Scholarship Application**

In 2006, the Tubbs family established a scholarship to provide an annual award to an individual pursuing education in the field of respiratory health services. Recognizing and understanding the significant role of respiratory health professionals, the Tubbs family has established this scholarship to benefit both current and aspiring respiratory health service professionals.

In addition to the criteria in cover application form, the donor has requested the successful applicant:

- ☐ Must be a current employee or an individual who is pursuing a career in respiratory health.
- ☐ Must be currently enrolled and have successfully completed 50% of a minimum two (2) year fully accredited program in respiratory health at a college, university, or technical school. This program must provide technical skills that can be applied in an institution/community based setting to qualify individuals for employment by Alberta Health Services in the Red Deer area.
- ☐ Must have demonstrated commitment to the field of respiratory health.

| APPLICATION QUESTIONS   |  |  |
|---|--|--|
| What are you occupational goals?  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| What are your long-term goals (within the next five years)?   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| How will this program assist you in meeting your future professional goals?                                 |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| List any obstacles or challenges that will prevent you from meeting your educational goals.                 |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| List three strengths and identify how these strengths relate to the program.                                |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| How do you plan to share the information you learn now, with your colleagues in the future? Be specific and |  |  |
| identify time frames.   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| In a brief paragraph, explain why you  | chose your post-secondary field of stud | y.                                     |  |
|--|---|--|--|
| Please list community leadership, past you have been involved.   | achievements, and volunteer activities  | (within the last three years) in which |  |
| Please explain how you have demonstrated commitment to AHS in your current employment position and how you plan to continue to demonstrate commitment to AHS in the Red Deer area in your future career plans. |   |  |  |
| Name (print)   | Signature                               | Date (dd-mm-yyyy)                      |  |

Red Deer Regional Health Foundation recognizes that your privacy is important. We are dedicated to protecting your privacy and handling any personal information you provide to us with care and respect. All scholarships are held with the utmost confidentiality.

NOTE: Candidates will NOT be considered unless all documentation is received.

PLEASE E-MAIL YOUR APPLICATION AS ONE WHOLE PACKAGE. APPLICATIONS THAT DO NOT COME AS ONE WHOLE PACKAGE WILL BE DISCARDED.

## Forward this completed application along with:

- Unofficial transcript(s) from current or any relevant post-secondary education (legible copies accepted)
- Written confirmation from a registrar of your enrollment in a health related training program

Email: RDRHF.Scholarships@albertahealthservices.ca

All applications must be received no later than 11:59PM on March 1st, 2020.