

# Lloyd & Evelyn McNeil

## Lab & DI 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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, explain:	
Day Time Phone:	Cell Phone:
Email Address:	
EMPLOYMENT STATUS	
Employed with AHS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of AHS facility/facilities:
Currently employed in area/department:	
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	
Length of employment with AHS:	
Will you be maintaining permanent (either part-time or full-time) employment with AHS while completing your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROGRAM INFORMATION	
Name of Institution and Program:	
Type of Program: <input type="checkbox"/> Course <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
Length of Program:	
Which year of the program are you currently enrolled:	
Have you taken any other additional post-secondary education? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
What percentage of the cost of your education will be paid for by? Yourself _____%   Loans _____%   Scholarships/Bursaries _____%   Parents _____%   Other _____%	
Signature:	Date:

## Lloyd & Evelyn McNeil Lab & DI Scholarship Application

*Longtime supporters of healthcare, Lloyd and Evelyn McNeil want to help recruit and retain committed and compassionate healthcare providers in the Red Deer area. Recognizing and understanding the significant role laboratory professionals play in assisting physicians with the diagnoses of illness; the McNeils established a scholarship to benefit both current and aspiring laboratory services & diagnostic imaging professionals.*

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

- ☐ Must be enrolled in a program of study to build skills that will be applied in the field of laboratory services and diagnostic imaging.
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### 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 study.

Please list community leadership, past achievements, and volunteer activities (within the last three years) in which you have been involved.

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](mailto:RDRHF.Scholarships@albertahealthservices.ca)

**All applications must be received no later than 11:59PM on **March 1<sup>st</sup>, 2020.****