



DR. DOUGLAS S. WHITE BURSARY Application

The DR. DOUGLAS S. WHITE BURSARY: Awarded annually in the amount of \$1000.00 to a resident of Wainwright and District who is accepted into a post secondary health-related course of study. Applicants may apply for each year of study.

Name: _____

Address: _____

Phone #: _____

Name of Parent/Guardian: _____

Address: _____

Occupation: _____

Current Educational Status:

	Institution	Course	Duration	Year Finished
High School				
Post Secondary				

Future Educational Endeavors:

Institution: _____

Course of Study: _____ Date of Registration: _____

Statement of Financial Need: _____

Character Reference: I hereby declare that _____ has the character and attitude necessary to successfully pursue the course in which he/she is enrolled.

Name: _____ Relationship: _____

Phone#: _____ Signature: _____

Educational Reference: I hereby declare that _____ has the ability to satisfactorily complete the course of study selected.

Name: _____ Relationship: _____

Phone #: _____ Signature: _____

General References:

Name: _____ Phone #: _____

Name: _____ Phone#: _____

STATEMENT OF FINANCIAL NEED

Will you be receiving a student loan? Yes___ No___

Do you have dependents? Yes___ No___

If yes, how many? ___

Are you receiving assistance from parents/guardians? Yes___ No___

Have you received any other bursaries or scholarships? Yes___ No___

Please comment on any other factors pertaining to your circumstances

(Please use additional paper if needed.)

Would you consider Wainwright and Area as the most likely location for residence upon graduation? Yes ___ No ___

Attach a brief summary outlining your personal history, goals for the future and personal interests in your chosen career.

Applicant's Signature: _____ Date: _____

DEADLINE FOR APPLICATIONS: August 25th of current year. Notification will be by letter.

Please mail to the Wainwright & District Community Health Foundation, Box 3540, Wainwright, AB. T9W 1T5

Or email it to info@wdchf.com