

YOUTH IN HEALTH BURSARY 2012



WHAT IS THE YOUTH IN HEALTH BURSARY?

The YOUTH IN HEALTH BURSARY 2012 is sponsored by the Lorne Community Development Corporation. It is a one-time grant of up to \$1000 awarded to a graduating high school senior who resides in the service area of the Lorne CDC, and who will be entering a training program for a certified health care occupation. The Bursary encourages the youth of Lorne to pursue health care occupations and return to our communities to practice. Health care occupations include, but are not limited to, pre-medical, nursing, pharmacy, health care aide and related health care occupations.

WHAT TO DO

Individuals interested in applying for the grant should refer to these guidelines to understand the application process. First, the applicant should make sure that they reside in the service area of the Lorne CDC. The applicant must submit:

1. The attached application form
2. A current transcript
3. A cover letter telling us about yourself, why you want to go into your chosen health care occupation, any community involvement, and your future plans.

Submit 3 copies of all documents by May 30, 2012 to:

Lorne CDC
ATTN: YOUTH IN HEALTH BURSARY 2012
Box 162
Swan Lake, MB R0G 2S0

WHO CAN APPLY

Applicants MUST reside in the service area of the Lorne CDC. This is most of the RM of Lorne, excepting the Village of Somerset, the Village of Notre-Dame-de-Lourdes and the area of the RM serviced by the Lourdeon CDC, which includes the area surrounding Notre Dame de Lourdes and St. Leon. A map is attached to this application (Appendix A) to help you clarify if you meet the residency requirement. If you are unsure, please contact the Lorne CDC by email at: lornecdc@mts.net for clarification.

Applicants must be graduating seniors and must be entering a training program for a certified health care occupation. The applicant must clearly explain the health care occupation that they will be pursuing.

NON-ELIGIBLE APPLICANTS

Those residing outside the service area of the Lorne CDC are not eligible to apply.

USE OF FUNDS

\$1000. is available to offset costs of enrollment in a certified training program. Funds may be used for:

1. Course fees and tuition
2. Course related books and materials

YOUTH IN HEALTH BURSARY 2012

LORNE CDC
Community Development Corporation



APPLICATION SUBMISSION

1. Applicants must submit **THREE (3) COPIES** of the application form, their current high school transcript and their cover letter.
2. Applications must be mailed to:
LORNE CDC
ATTN: YOUTH IN HEALTH BURSARY 2012
Box 162
Swan Lake, MB R0G 2S0
3. Applications must be RECEIVED no later than May 30, 2012.

APPLICATION REVIEW PROCESS

Only one grant will be awarded. All applications will be screened to ensure eligibility requirements are met. A review committee will make the final decision. Award is not contingent upon grade point average, or financial need, but rather on the applicant's commitment to pursuing their chosen field and to the Lorne community. Preference will be given to applicants who are already accepted for enrolment in a qualified health care education program.

AFTER SUBMISSION

Notification letters will be mailed to all applicants by June 15, 2012. An award will be made to the winning applicant at their school's awards ceremony.

Funds will be disbursed to the winning applicant after they submit receipts for course enrollment, fees, books, and/or related materials for a recognized Trade program. Receipts must be received no later than November 1, 2012.

TERMS OF THE GRANT

These guidelines constitute the terms of the YOUTH IN HEALTH BURSARY 2012. The applicant must sign the application form stating agreement with the terms contained within the full body of these guidelines.

YOUTH IN HEALTH BURSARY 2012



APPLICATION

REVIEW # (For Office Use Only)	DATE REC'D (For Office Use Only)
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APPLICANT NAME

Last

First

Middle

APPLICANT'S RESIDENCE

Please give full physical address, including street number or section number, as applicable

MAILING ADDRESS

PHONE

EMAIL ADDRESS

HEALTH CARE OCCUPATION YOU ARE PURSUING

NAME OF HIGH SCHOOL WHERE YOU WILL GRADUATE IN 2012

NAME AND LOCATION OF INSTITUTION WHERE YOU PLAN TO ENROL FOR HEALTH CARE OCCUPATION TRAINING/COURSES

BY SIGNING BELOW, I agree to the terms of the YOUTH IN HEALTH BURSARY 2012. I also acknowledge that the information submitted in this application is accurate to the best of my knowledge. Submitting an application with misleading information may be cause for disqualification.

SIGNATURE OF APPLICANT

DATE

YOUTH IN HEALTH BURSARY 2012

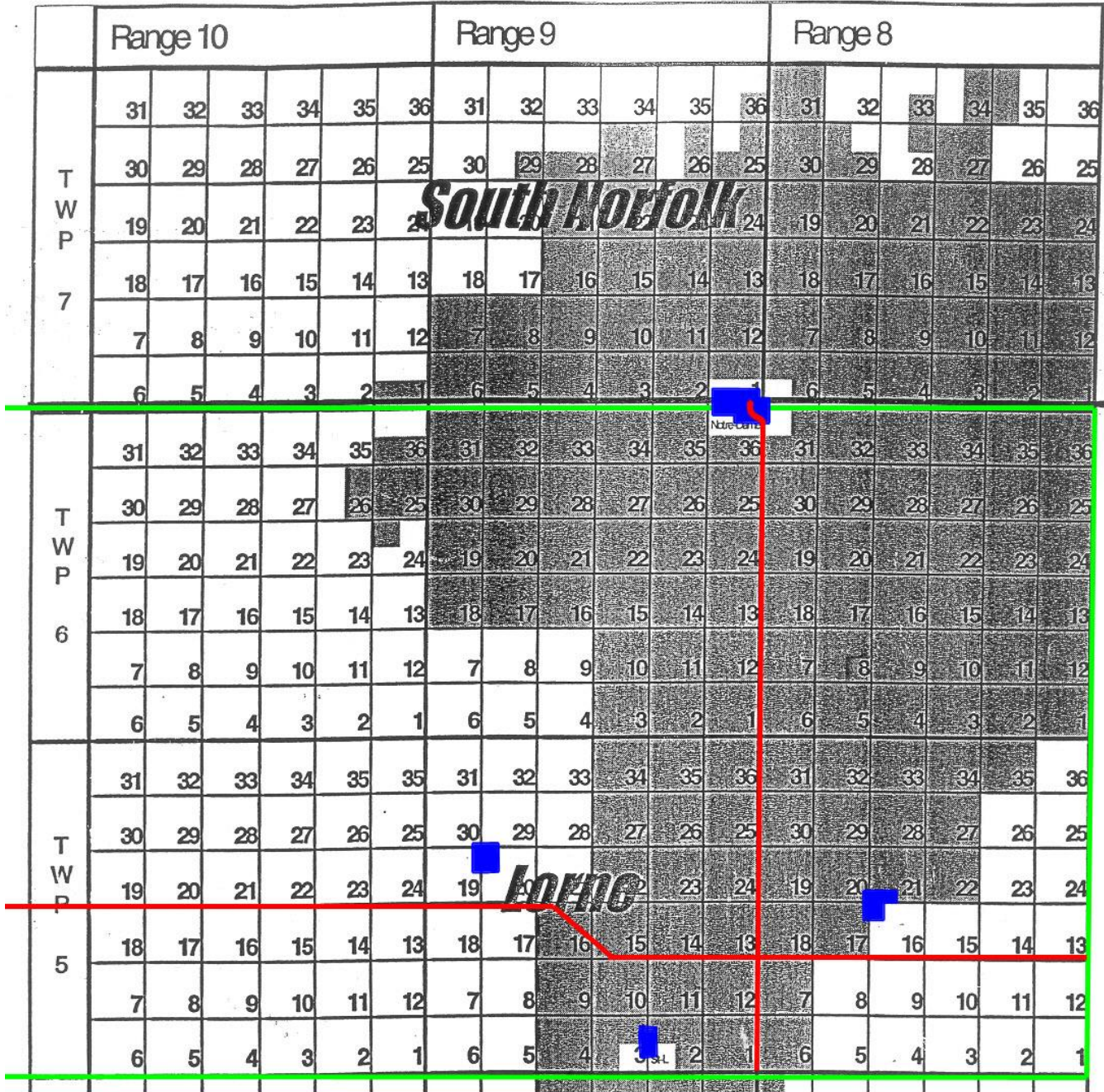


APPENDIX A

Please see the map segment below to determine your residency eligibility. If you reside in any of the dark shaded sections**, you are NOT eligible to apply for the YOUTH IN HEALTH BURSARY 2012. This includes the villages of St. Leon, Somerset and Notre Dame de Lourdes.

If you reside elsewhere in the RM of Lorne, INCLUDING ALL AREAS TO THE WEST OF THIS MAP segment in the RM of Lorne, YOU ARE ELIGIBLE TO APPLY.

EASTERN SEGMENT – RM OF LORNE



**Dark shaded sections are serviced by Lourdeon CDC.