

APPLICATION FORM 2020
Dartmouth General Hospital Auxiliary Bursary

Please return completed application form together with necessary documentation no later than **MAY 31, 2020** to: **Donna Purcell**

Chairperson, Bursary Committee
39 Dumbarton Drive
Dartmouth, N.S. B2X 2A2
dbreeze@accesswave.ca

Name: _____ Telephone _____

Address: _____

Postal Code _____ Email: _____

Date of Birth: _____ School Attending: _____

Parent/Guardian Name _____

Second Parent/Guardian _____

Have you ever been a junior volunteer at the Dartmouth General? _____
If yes, please give the dates, your supervisor's name and the type of work you perform?
What other volunteering opportunities if any have you done in your community?

Are any of your family members DGH auxiliary members? _____ If yes, please give their names and relationship to you.

Please attach:

1. Certified transcripts for grades 10, 11 and 12 (to application date).
2. A brief outline of your leadership role in your school.
3. An indication of your outstanding academic achievements and awards.

4. What are your involvements in the community?
5. What employment have you had with dates, employers and job duties.
6. What are your future plans in the health profession?
7. Three letters of reference from non-family members.

Date _____ Signature of Applicant
