

SCHOLARSHIP APPLICATION FOR  
HAROLD JAMES SCHOLARSHIP

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**Applicant Contact Information** (Please print)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_

Citizenship \_\_\_\_\_

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**Educational Information**

Name of High School \_\_\_\_\_

Provide a list of the Grade Twelve Subjects and Grades that are being used as entry level for Post-Secondary Education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Post-Secondary Institution where you have been accepted

\_\_\_\_\_

Program enrolled in \_\_\_\_\_

Starting date \_\_\_\_\_

Length of Program Studies \_\_\_\_\_

Date you expect to graduate/complete \_\_\_\_\_

**Personal Information**

List any community involvement and past work experiences including total # of hours served/worked

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List any extra-curricular activities, hobbies, and interests

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Please include the following with your application:

- A cover letter indicating your career goals and objectives in the health sciences
- Official proof of acceptance to the post-secondary institution
- Letter of reference

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**Applications will not be considered if information is missing.**

**Applicant Declaration**

I declare that:

to the best of my knowledge, the information given is accurate.

I agree to:

provide any additional information required.

I consent to:

the use of my name and/or photograph by Lamont Health Care Centre for the purpose of publicizing the Harold James Scholarship.

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Signature of Applicant

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Date

### **Scholarship Requirements/Criteria**

*For Student Applicants*

\$1,000.00 Award

1. Be a Canadian Citizen, Permanent Resident or Protected Person (Visa Students are not eligible)
2. Be a Resident of Lamont County and a Graduate of Lamont High School
3. Completing or have completed Grade 12 or currently enrolled in the first or second year of Study at a recognized Post-Secondary Institution
4. Proof of acceptance to a Post-Secondary Institution in a Health Sciences Program (enrollment confirmed by Institution)
5. Must have proof of Community involvement
6. Include a cover letter indicating career goals and objectives on completion of studies in Health Sciences
7. Include at least two letters of reference from a Community member, Teacher/ Professor, etc. in support of the application.

*For Employees of Lamont Health Care Centre*

Maximum \$1,000.00 Award

1. Proof of acceptance to a Post-Secondary Institution or confirmation of attendance at a Post-Secondary Institution in a Health Sciences Program
2. Include a cover letter explaining how these Studies will impact employment and future goals
3. Include a letter of reference from Supervisor in support of application.

**Two Scholarships will be available per year up to a maximum of \$1,000.00 each.**

**Submission deadline is April 30<sup>th</sup>.**