



Stewart Genes Scholarship Application Form

First Name: _____ Last Name: _____

Address: _____

Town: _____ Postal Code: _____

Email Address: _____

Phone (daytime): _____

High School Attended: _____

Graduation Date: _____

Name of Post-Secondary Institution: _____

Program Enrolled In: _____

Expected Completion Date: _____

Have you previously received this Scholarship? _____

This completed application form must be submitted along with the following for consideration:

- One page (max 500 word) essay
- Confirmation of registration in a Post-Secondary Medical/Nursing or Health Sciences related program.
- Minimum one reference letter
- Signed Photo consent form

Declaration of Applicant:

- I declare that the information is accurate and complete.
- I will notify the Taber & District Health Foundation if I withdraw before completing at least one semester.

Applicant Signature

Date

Email: info@tdhf.ca with Stewart Genes Scholarship Application in the subject line.

Mail:

Taber & District Health Foundation
4326 50 Ave
Taber, AB
T1G 1N9

Submission Date: Complete applications must be received no later than August 31.

Notifications: Successful applicants will be notified in October.