

The Hôtel-Dieu Grace Hospital Foundation in conjunction with the Windsor Regional Hospital Foundation

Deadline
Extended
Scholarship
Amount
Increased

MEDICAL SCHOLARSHIP

Award Description

The Hospital Foundations are charitable public foundations. The Foundations desire to acknowledge and recognize the efforts of a student from Windsor or the Essex County region, with a gift of \$2,000.00 Canadian to be held in a University account, for scholarly activity.

Eligibility

The award is open to any medical student in their undergraduate, graduate or postgraduate training who has resided for a significant period of time in Windsor or Essex County. What constitutes a "significant period of time" will vary, depending on the current year's applications.

Previous scholarship recipients are not eligible to re-apply.

Award Criteria

Applicants should:

- demonstrate academic achievement
- demonstrate leadership
- exhibit the desire to enhance quality of life
- exhibit leadership and teamwork
- exhibit mentorship
- balance social and scholastic activities

Selection Process

A determination of the successful candidate will be made by a panel that is established by the Scholarship Committee. Once the applications have been screened for completeness, applications will be grouped together and forwarded onto the selection committee for scoring. The successful candidate will be contacted by letter.

Application Process

Application packages will be available through the Offices of the Dean of the Medical Schools. Qualified candidates must complete and submit the application form, resume, transcript of marks, a 250-300 word personal profile including career aspirations and ties to the Windsor or Essex County region, and three referee forms.

Deadline for submission of applications is June 30, 2011

Applications should be forwarded to:

Pat Valleau
Interim Executive Director
Hôtel-Dieu Grace Hospital Foundation
1030 Ouellette Ave.
Windsor, ON N9A 1E1

Application Documentation Checklist:

- Application Information Form
- Academic Transcripts
- Personal Profile (250-300 words)
- Resume
- Academic referee form and letter
- Character referee form and letter
- Community referee form and letter



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APPLICATION INFORMATION FORM

Name: _____ Birthdate: _____

Permanent Home Address: _____

Mailing Address: _____

Phone: _____ Business Phone: _____ Fax Number: _____

E-mail: _____ Valid until (date): _____

University (Majors):

_____	From:	To:
_____	From:	To:
_____	From:	To:

Last three employers:

_____	From:	To:
_____	From:	To:
_____	From:	To:

Three volunteer activities:

_____	Supervisor:	Phone:
_____	Supervisor:	Phone:
_____	Supervisor:	Phone:

References:

_____	Phone:
_____	Phone:
_____	Phone:

Applicant's Signature: _____ Date: _____

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REFEREE FORM: ACADEMIC

Purpose

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_____ is applying for an HDGH & WRH Foundation Scholarship
Name of Applicant

How long have you known the applicant and in what capacity do you know the applicant?

HDGH Foundation Scholarship is about leadership, mentorship and balance of social and scholastic activities. Please indicate with an X your rating of the applicant in terms of the attributes below. NA = not applicable or not known by you. Remarks are helpful.

	Excellent	Very Good	Good	N/A	Remarks
1) Demonstrates potential for leadership					
2) Enhances the quality of life in their community					
3) Mentors others					
4) Demonstrates leadership and team play					
5) Balances social and scholastic activities					

Please print

Name of Referee: _____ Date: _____
 Title/Position: _____ Telephone: _____
 Institution/Corporation: _____ Fax: _____
 Full Address: _____ E-mail address: _____

Signature of Referee: _____



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MEDICAL SCHOLARSHIP

REFEREE FORM: CHARACTER

Purpose:

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2) Enhances the quality of life in their community					
3) Mentors others					
4) Demonstrates leadership and team play					
5) Balances social and scholastic activities					

Please print

Name of Referee: _____ Date: _____
 Title/Position: _____ Telephone: _____
 Institution/Corporation: _____ Fax: _____
 Full Address: _____ E-mail address: _____

Signature of Referee: _____



To The Referee: After completing, please place this reference form in an official envelope (i.e. from your school or company) with your letter of reference. To ensure confidentiality, please seal and sign on the flap of the envelope. This envelope must be returned to the applicant, signed and sealed, for submission with his/her application package.

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MEDICAL SCHOLARSHIP

REFEREE FORM: COMMUNITY

Purpose:

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