

APPLICATION
ROSS MEMORIAL HOSPITAL AUXILIARY
ANNE HARRISON
STUDENT ACHIEVEMENT AWARD

NAME: _____

ADDRESS: _____

_____ TELEPHONE _____

DESCRIPTION OF POST SECONDARY
SCHOOL COURSE (AND ITS LENGTH): _____

PROOF OF ACCEPTANCE:

Please attach proof of acceptance in a health science program in a university, college or other approved school.

VOLUNTEER SERVICE:

Please attach documentation, signed by health care agency or organization, of 100 hours of volunteer service completed within the preceding 18 months at the Ross Memorial Hospital and/or other health care facilities or health care programs in the communities serviced by the hospital.

PERSONAL QUALITIES:

Write a brief description about yourself, e.g., your scholastic ability, hobbies and interests.

REFERENCES:

Please provide the names and telephone numbers of two non-family references (school principal, teacher, guidance counselor, community representative, religious leader, employer or supervisor).

NAME: _____ Tel. No. _____

NAME: _____ Tel. No. _____

SIGNATURE:

I, hereby apply for the RMH Anne Harrison Student Achievement Award

N.B. This award may be received only once by an individual. The completed application and supporting documents must be submitted to the President, RMH Auxiliary, 10 Angeline St. No., Lindsay, Ontario K9V 4M8 no later than June 1st each year.