



September 2019

St. Thomas-Elgin County Health Recruitment Partnership Scholarship

Scholarship Purpose

The scholarship awards \$1,000 per year for up to 5 individuals who are enrolled in a Canadian medical school with emphasis placed on the pursuit of a career in family medicine.

Eligibility

To be eligible for a scholarship, applicants must:

- Be a resident of the County of Elgin or the City of St. Thomas;
- Be enrolled in a Canadian medical school;
- Agree to have his or her name and photograph publicized.

Supporting Documentation

Applicants must provide the following documentation to be considered;

- Completed application form (available on the City of St. Thomas and County of Elgin websites);
- Resume outlining past employment and/or extra-curricular activities, with a focus on community involvement;
- Proof of enrollment in a Canadian medical school;
- Written statement explaining how your roots in Elgin County, or the City of St. Thomas continue to be important, as you pursue a career in medicine (approximately 250 words)

Application Deadline

Applications are to be submitted by 4:30 p.m. on October 31st, 2019 for awards to be distributed.



Selection Procedure

- Applications will be reviewed by the St. Thomas-Elgin Health Recruitment Partnership Committee.
- Decisions will be made by November 29th, 2019.
- The decision of the Committee is final and reasons for the selections are strictly confidential.
- The Committee reserves the right not to award scholarships in any given year.
- Direct family members of the Health Recruitment Partnership and St. Thomas and Elgin County Councils are ineligible to apply.

Payment

The scholarship will be paid directly to the recipient upon the City of St. Thomas receiving a receipt stating tuition has been paid. Successful applicants are eligible to receive awards annually during their enrollment in medical school to a maximum of 5 years. Applicants must apply for the award annually.



St. Thomas-Elgin County Health Recruitment Partnership Scholarship Application Form

Applicant Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Current Post Secondary Program and Future Career Plans:

List of Supporting Documentation (please attach to application form)

- Resume
- Proof of acceptance or enrolment at a Canadian medical school
- Statement explaining your roots within Elgin County or the City of St. Thomas
- My home address in Elgin County or the City of St. Thomas is:

Applications are to be submitted by 4:30 p.m., October 31st, 2019 to:

City Clerks Office
 City of St. Thomas
 545 Talbot Street
 P.O. Box 520
 St. Thomas, ON N5P 3V7

Phone: 519 631-1680 ext 4124
 Fax: 519 633-9019
 E-mail: jmuller@stthomas.ca

I hereby authorize the St. Thomas-Elgin County Health Recruitment Partnership to publicize my name and photograph should I be the successful applicant. Furthermore, I signify that the information included with this application is correct.

Signature: _____

Date: _____