



## Scholarship Application Form

Alberta Health Services - High River/Nanton Service Area

Submit Completed Form by clicking the link below:  
[FoundationScholarship@albertahealthservices.ca](mailto:FoundationScholarship@albertahealthservices.ca)

**ALL FIELDS MUST BE COMPLETED OR THE APPLICATION WILL BE REJECTED**

Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Phone#: \_\_\_\_\_

Position: \_\_\_\_\_ FT PT

Site: \_\_\_\_\_ Hours worked in the past 12 months: \_\_\_\_\_

Course: \_\_\_\_\_ Start Date: \_\_\_\_\_

Institution/Faculty/Program: \_\_\_\_\_

Cost of the Program you are seeking funding for: \_\_\_\_\_

Enrollment: \_\_\_\_\_ FT PT

Leave of Absence from your Position: \_\_\_\_\_ Yes No

Have you applied and received funding from other sources? \_\_\_\_\_ Yes No

What is the state of your application from the other source(s)?

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Submit a narrative to support your request. This can be sent as an attachment to this form.

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