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BRENDA HALL MEMORIAL BURSARY

The Brenda Hall Memorial Bursary was established in memory of a former Carleton Place High School (CPHS) student who became a nurse and practised her profession at the Carleton Place & District Memorial Hospital. The recipient of this bursary will be someone who is entering the first year of a nursing or health sciences program (or related area) and has demonstrated financial need. The recipient must be a graduating student of CPHS. Applicants must provide documentation of acceptance into their program in order to qualify for the bursary. Notification and the first installment of the award will be presented at CPHS Commencement.

*Please ensure the following is completed in full and that your **CV and proof of program acceptance** is attached.*

PERSONAL INFORMATION:

Name: _____ Telephone: _____
Address: _____ Postal Code: _____

Work &/or Volunteer Experience (attach your CV if available): _____

ACADEMIC INFORMATION:

School Accepted to: _____
Program Accepted to: _____
Duration of Program: _____

Explain what career you are pursuing, why this is important to you and how this program will help you to achieve your goal (extra space provided on back): _____

FINANCIAL NEED:

Father's Occupation (Full/Part-Time): _____ Mother's Occupation (Full/Part-Time): _____

Number of Family Dependents: _____
Name of Siblings in School _____ School Attending _____ Grade/Year _____

Your Savings: \$ _____
Additional sources (scholarships/gifts/bursaries/awards etc): \$ _____
Amounts available through parents/grandparents/loans: \$ _____
Tuition per year: - \$ _____
Approximate cost of books and school supplies: - \$ _____
Residence cost per year: - \$ _____

Total \$ _____

Date _____ Applicant's Name _____ Applicant's Signature _____

