INVERMERE HEALTH CARE AUXILIARY SOCIETY
APPLICATION FOR SCHOLARSHIP 2026

The **Invermere Health Care Auxiliary Society** Scholarship is awarded annually to students entering second or subsequent year into a recognized post-secondary institution in a health-related field or recognized health program. The amount will be calculated depending on the number of successful applicants. *Preference will be given to students who have not received this scholarship before, who have attended DTSS in Invermere and who have been a Volunteer at the Invermere & District Hospital, Thrift Store or volunteered in other health-related fields.*

PERSONAL INFORMATION

Name of the Applicant: _____

Address of Applicant: _____
(street & box number)

_____
(city) *(province)* *(postal code)*

Permanent Address where mail will always reach you: As above ☐ or _____

_____

Telephone number: _____ Email: _____

S.I.N.: _____

Proof of Current Enrolment:

All applications must have this section signed by an official of the educational institution.

_____ is currently enrolled in a health-related program.

Namely _____ at _____
(program name) *(college, university)*

Name (please print) _____ Title: _____
(college/university official) *(college/university official)*

Signature: _____ Date: _____
(college/university official)

Please include the following with your completed application form:

- A letter indicating future plans
- A letter of reference from the supervisor of your volunteer service: including the number of hours volunteered
- Certified statement of prior year(s) marks from post-secondary institution attended
- Proof of enrolment for second or subsequent year in health-related program

Original application, letter(s) and document(s) must be received by October 31, 2026, to Invermere Health Care Auxiliary Society by uploading your files securely via this link. Successful applicants for this scholarship will be notified in writing mid November 2026. Funds will be awarded thereafter.

SCHOLARSHIP AGREEMENT:

☐ In the event I am awarded a scholarship, I will acknowledge receipt in writing. If I am unable to use the money for my studies, I will return the award to the Invermere Health Care Auxiliary Society.

Date: _____ Signature: _____
(applicant)