



**Dryden Regional Health Services Foundation**  
 58 GOODALL STREET, P.O. BOX 3003, DRYDEN, ONTARIO P8N 2Z6

Dryden Regional Health Services Foundation  
 Board of Directors Scholarship  
**Application Form**

***Instructions:** Please complete this application form and submit along with a 500 word essay stating how this scholarship would help you to achieve your educational goals, including details on your career goals, work and extracurricular experience, personal interests/ hobbies.*

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**School Involvement (Extracurricular activities such as sports, clubs, etc.)**

**Community Involvement (Volunteer Experience)**

**Post- Secondary Plans:** in the space below, list the universities, colleges and/or other training and educational programs you have applied to for the upcoming year. If you have already accepted an offer from one of these programs, please indicate which one.

Educational Institution	Program of Study	Accepted Offer?