



Town of

Athabasca

Gateway to the Great New North

DR. JOSEPHINE M. BROWN MEMORIAL SCHOLARSHIP

Background

Dr. Josephine M. Brown Memorial Scholarship is an award of excellence in honour of Dr. Josephine M. Brown, a long-time resident of the Town of Athabasca and her many years of service both, as a physician and a Town Councillor. This scholarship is an annual award, which acknowledges academic excellence and personal achievement.

The scholarship is open to all Grade 12 students who currently attend Edwin Parr Composite High School in Athabasca and intend to continue their post-secondary education in the medical field at an accredited two or four-year college or university, vocational school or technical training program.

In the case of students accepted into Medical or Dental School, the applicant must be a graduate of Edwin Parr Composite High School in Athabasca within the previous five years.

Application forms may be obtained at the following address:

TOWN OF ATHABASCA

4705 – 49 Ave., Athabasca, AB T9S 1B7

Telephone (780) 675 - 2063



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DR. JOSEPHINE M. BROWN MEMORIAL SCHOLARSHIP

Application Form

AMOUNT OF SCHOLARSHIP: \$2,000.00

NUMBER AWARDED: One Scholarship per Calendar Year

DEADLINE FOR SUBMISSIONS: May 1 of the Current Year

Section 1 GENERAL INFORMATION

Last Name		First and Middle Names	
Address:			
City/Town:	Province:	Postal Code:	
Telephone:	Email Address:		
Name of Parent / Guardian:	Last:	First:	
What other scholarships and/or bursaries have you applied for?			

Section 2 POST-SECONDARY PLANS

Name of post-secondary Institution:	
Program of Studies applied to:	
Contact Person and Phone Number for Institution:	

Section 3 REFERENCES

Applicant(s) must submit three (3) letters of reference describing applicant's qualities as they pertain to the purpose and requirements of this scholarship award as outlined under "Eligibility".

Section 4 ELIGIBILITY

- Must be a graduating senior from Edwin Parr Composite High School in Athabasca.
- Show intent and desire to continue education at an accredited two or four-year college or university, vocational school or technical training program in the medical field.
- Must have achieved an average grade of 85% or higher during the Grade 11 school year with no grades below 75% in Grade 12 prior to final exams.
- In case of an applicant accepted into Medical and/or Dental School, he/she must be a graduate of Edwin Parr Composite High within the previous five (5) years and hold a minimum GPA of 3.3 on a 4.0 scale, or 75%, or a B+ for at least three (3) consecutive terms at a currently attended accredited College or University.
- Display strong character, work ethic and leadership abilities.
- Demonstrate passion and dedication to his/her peers, friends in school, in sports and in the community.

Section 5 ACADEMIC INFORMATION

Transcripts:

EPC Grade 12 Applicants must attach an official copy of their Grade 11 and 12 transcripts to the application form.

In case of an applicant(s) accepted into Medical and/or Dental School, he/she must attach official transcripts from the accredited academic institution the applicant is currently attending or has attended. Transcripts must include information for at least three (3) consecutive terms.

Enrolment:

Applicants must provide proof of enrolment at a post-secondary institution for the corresponding school year if selected as the recipient.

Essay Questions:

Achievements: In essay format, describe any personal achievements and/or accomplishments you think the Scholarship Committee should know about in assessing your application. Based on the eligibility requirements for this scholarship, explain your financial needs and why do you feel you should be the recipient of Dr. J. M. Brown's Memorial Scholarship. Please keep this essay to a maximum of two pages. Applications received without this essay will not be considered.

Deadline for Submitting Application Forms:

All applicants for Dr. J. M. Brown's Memorial Scholarship must submit their application form to the Scholarship Committee **May 1** by of the **corresponding year**.

Section 6 SELECTION PROCESS AND CRITERIA

The Scholarship Committee will select three (3) members not affiliated with any of the applicant(s) to form a Selection Committee. Committee members will review each application and its attached materials on a point basis. The selection committee may choose to interview some or all applicants. Total points from the Selection Committee members will be averaged to determine an applicant's ranking in the evaluation process. Final selection of the winner will be based on the ranking averages.

Selection will be made by evaluating each application on a 100 point scale:

- 40 points academic performance based on official transcripts from high school or currently attended accredited College or University.
- 10 points extra-curricular activities and community involvements including work ethic and leadership abilities.
- 20 points personal essay.
- 15 points academic recommendation(s) as stated in letters of reference.
- 15 points overall impression based on the interview.

NOTIFICATION:

Notification letters will be mailed to all applicants, including the recipient of the scholarship award by May 30st of the corresponding year.

ADDITIONAL INFORMATION AND SUBMISSIONS:

Additional information regarding the scholarship may be obtained by contacting the Town of Athabasca Office by phone at (780) 675-2063 or via email at town@athabasca.ca

Submit To:

Please submit your application together with the required attachments to one of the following addresses:

Dr. Josephine M. Brown Memorial Scholarship Committee
Town of Athabasca
4705 – 49th Avenue
ATHABASCA AB T9S 1B7

or by email:

town@athabasca.ca

DR. JOSEPHINE M. BROWN MEMORIAL SCHOLARSHIP

Certification

I, _____, acknowledge that this is a competitive selection process and that the decision of the Scholarship Committee is final.

I certify that the information provided is complete and accurate to the best of my knowledge and that intentional misrepresentation is cause for disqualification. If asked, I agree to provide proof of the information I have provided. The Scholarship Committee has my permission to contact my references and/or school officials for additional academic or character reference information.

I understand that if selected as the award recipient, the scholarship amount will be paid to the post- secondary school I have identified and that I am not eligible to be reimbursed for any previous tuition expenses. As such, the scholarship award will not be paid directly to me under any circumstances.

Should I be selected as the recipient of this scholarship, I agree to have my name and picture published on the Town of Athabasca website and in print.

If the applicant is under the age of 18, (eighteen), a parent/guardian signature is required.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

CANADIAN MEDICAL CAREER LIST

Doctors	Healthcare Sciences	Health Technology
Anesthesiology	Bioanalysis	Audiologist
Cardiology	Biochemistry	Cardiology Technologist
Clinical Medicine	Biomedical Engineering	Clinical Perfusionist
Emergency Physician	Biomedical Sciences	Computational Biology
Endocrinologist	Biotechnology	Computational Chemistry
Epidemiologist	Cancer Research / Oncology	Diagnostics
Gynecologist	Cell Biology	EEG Technologist
Immunology	Developmental Biology	Encapsulation Operator
Neurology	Drug Development	Imaging
Obstetrician	Drug Safety	Operating Room Technician
Oncology	Evolutionary Biology	Radiation / X-Ray Technologist
Pediatrician	Genetics	Radiologist
Pathologist	Genomics	Toxicologist
Physician	Geosciences	Ultrasound
Plastic Surgery	Medical Lab Technician	
Surgeon		
Virology		
Nursing	Allied Health Professions	Pharmacy
Auxiliary Nurse	Acupuncture	Pharmacist
Case Manager	Addiction Services	Pharmacologist
Geriatric Care	Ambulance / Paramedic	Pharmacy Technician
Anesthetist	Child and Youth Worker	Dental Team
Cardiology	Chiropractor	Dentist
Case Management	Dermatologist	Dental Assistant
Clinical Nurse	Dietician / Nutritionist	Dental Technician
Critical Care	Eating Disorders	Denturist
Educators	Kinesiologist	Dentist
Emergency	Massage Therapist	Midwifery
Geriatric	Mental Health Professionals	Optometrist
Home Care	Occupational Therapist	
Medical Surgery	Orthopedist	
Neonatal	Physical Therapist	
Neuro-Surgical	Radiation Therapist	
OB-GYN	Rehabilitation Counselors	
Occupational Health	Respiratory Therapist	
Oncology	Social Work	
Operating Room	Speech/Language Pathologist	
Pediatric		
Practitioner		
Psychiatric		
Public Health		
Renal-Dialysis		
Urology		