# Dr. Josephine M. Brown Memorial Scholarship

## Background

The Dr. Josephine M. Brown Memorial Scholarship is an award of excellence that honors the legacy of Dr. Josephine M. Brown, a long-time resident of the Town of Athabasca. Dr. Brown made significant contributions to the community both as a physician and as a Town Councillor.

This annual scholarship awards academic excellence and personal achievement.

The scholarship is available to all current Grade 12 students or alumni of Edwin Parr Composite High School in Athabasca who plan to pursue post-secondary education in the medical or dental fields. Applicants must be enrolling in an accredited two- or four-year college, university, vocational school, or technical training program.

Application forms may be obtained at www.athabasca.ca or at the following address: 4705 49 Avenue, Athabasca, AB T9S 1B7 (780) 675-2063



**Gateway to the Great New North** 

# Dr. Josephine M. Brown Memorial Scholarship

Amount of Scholarship: \$2,000.00

Number Awarded: One Scholarship per Calendar Year

Deadline for Submissions: May 1 of the Current Year

## **Application Form**

Section 1: General Information						
Last Name		First and Middle Names				
Address						
City/Town		Province		Postal Code		
Telephone	Email Address					
Name of Parent/Guardian						
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 or past graduate 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 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. Josephine M. Brown Memorial Scholarship must submit their application form to the Scholarship Committee by May 1 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 30<sup>th</sup> 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

Please submit your application together with the required attachments to the following address:

Dr. Josephine M. Brown Memorial Scholarship Committee Town of Athabasca 4705 49<sup>th</sup> Avenue Athabasca, AB T9S 1B7

or by email:

town@athabasca.ca

# **Certification**

l,	, acknowledge that t	this is a competitive
	the decision of the Scholarship	
my knowledge and that disqualification. If asked, I provided. The Scholarship	n provided is complete and acc t intentional misrepresentat agree to provide proof of the Committee has my permiss officials for additional acad	tion is cause for e information I have sion to contact my
will be paid to the post- sec eligible to be reimbursed	ed as the award recipient, the condary school I have identified for any previous tuition expense paid directly to me under an	ed and that I am not enses. As such, the
	e recipient of this scholarship, hed on the Town of Athabas	,
If the applicant is under signature is required.	the age of 18, (eighteen),	a parent/guardian
Applicant's Signature:	ſ	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		
Emergency	Massage Therapist	Midwifery	
Geriatric	Mental Health Professionals		
Neonatal	Physical Therapist	Optometrist	
Occupational Health	Respiratory Therapist		
Operating Room	Speech/Language Pathologist		
Practitioner			
Public Health			
Urology			