

Personal information: Please print clearly					
Last name:		First name:		Employee ID# (if applicable):	
Email:		Phone:		NH Date of Hire (if applicable):	
<i>Eligibility Criteria: The RDKS Director's Scholarships are available to recent high school graduates, as well as all permanent, temporary and casual employees of Northern Health who live and/or work in <a href="#">RDKS Region</a>.</i>					
NH Employment Status: <b>Please check, if applicable:</b> Full time    Part time    Temporary    Casual <b>Please check, if applicable:</b> BCNU    UFCW    IUEO    HSA    BCGEU    PEA    HEU    Excluded Other:     N/A					
Current NH work facility (if applicable):			Where do you live in RDKS region?		
			How many years have you lived in RDKS region?		
Name of High School: _____			Date Graduated: _____		
Scholarship Requirements (choose which you are applying for)					
<b>RDKS Health Career Access Scholarship for High School Graduates</b>  Proof of Graduation from RDKS High School within last 12 months. Proof of Acceptance into Post-Secondary Health Science Program Letter detailing career goals and interest in employment with Northern Health following program completion Letter of support from teacher/school counsellor.			<b>RDKS Health Career Development Scholarship for Northern Health Employees</b>  Proof of Acceptance into Post-Secondary Health Science Program. Willing to commit to a two (2) year return-of-service agreement in the RDKS region. Letter of support from manager		
Applicant Signature: _____				Date: _____	
Education details:					
Course/Program:    Degree    Diploma    Certificate    Other:					
Name of educational institution: _____					
Name of Program: _____ Anticipated Graduation Date: _____					
Please email this application and supporting documentation to <a href="mailto:education@northernhealth.ca">education@northernhealth.ca</a>					
Approval (Education to complete after application adjudication)					
Approver's Name*: _____		Signature: _____		Date: _____	
Education use only					
Amount of Funding Approved: _____		Date Details sent to Finance: _____		T4E Req.	

