



Name of Dependant:	Name of Parent/Guardian (Staff Member) Including Employee Number:
Date of Birth:	Department/Program:
Home Address: _____ _____ City _____ Postal Code _____	Site: Years of Service:
Telephone: (H) _____ (Cell) _____	Telephone: (W) _____
Email Address:	Email Address:

PROGRAM OF STUDY YOU ARE OR WILL BE ATTENDING

Name of Program: _____

Institution: _____

Length of Program: _____

Start Date of the Program: _____

Anticipated date of graduation: _____

DECLARATION

I certify that all statements on this application are true and complete to the best of my knowledge.

Signature of applicant

Date

Please email your complete application package by December 6, 2026, to:
scholarships@nlhealthservices.ca

Please NOTE: ALL documentation must be included in the package upon receipt (documents sent separately **will not** be accepted). Incomplete packages will be disqualified.

There are a number of scholarships available for dependants of staff, which include:

- 18 - \$500 scholarships funded by NL Health Services
- In addition, there are other scholarships available from various foundations and clubs.



There is one application form and one scholarship review team for all scholarships. They are awarded annually to the dependants of staff of NL Health Services who are pursuing full or part-time education at a recognized post-secondary institution.

1. CRITERIA

- a. Applicants must be a dependant of an employee of NL Health Services who has completed a minimum of two years of full-time worked service or equivalent hours. In respect to the Scholarship Program, **a dependant is defined as the child or dependant of an employee less than 25 years of age.**
- b. At the time of application, applicants must be enrolled in a post-secondary institution in a program of a least one academic year duration.
- c. Applicants are evaluated on the following criteria:
 - i. Letter to the scholarship review team
 - ii. Depth of resume
 - iii. Academic performance
 - iv. Extracurricular activities/community service
 - v. Quality of letters of reference
- d. Previous recipients of an Eastern Health scholarship may be eligible to receive a NL Health Services scholarship, however, preference will be given to applicants who have not previously received a scholarship from the legacy organization.

2. APPLICATION PROCESS

- a. Applications for these scholarships must be submitted on the **2026 NL Health Services Scholarship Dependant of Staff Application Form.**
- b. Application form must be accompanied by:
 - i. Completed application form
 - ii. A complete resume
 - iii. Two SIGNED letters of reference, one of which must be work related (please indicate in subject line if it is a work, school/program or personal related reference)
 - iv. Most recent transcript(s)
 - v. **Confirmation of enrollment** into the program of study **for the current year**
 - vi. A SIGNED letter to the scholarship review team outlining the applicants/students career plan
- c. Applications and ALL accompanied documents can be emailed on or before **December 6, 2026.**
Late or incomplete submissions will not be considered.
- d. The decisions of the scholarship review team will be final and their discussions will be kept confidential. Scholarships will be awarded in **December 2026.**
- e. If the recipient of a scholarship is unable to complete the program of studies for which the scholarship was granted, the scholarship review team reserves the right to rescind the award and require repayment of the scholarship monies.