

Dr. Kerr Clark and Dr. Robert Panabaker Scholarship Fund

APPLICATION FORM

Name: _____

Home Address: _____

Email Address: _____

Home Phone Number: _____

Institution: _____

Program Type: _____

Year of Study: _____ Length of Program: _____

School Year Mailing Address (if applicable): _____

School Year Phone Number (if applicable): _____

This application must include the following information:

- Resume
- Official transcript from high school or post-secondary institution (most recent)
- Proof of acceptance into the program of study if a new student
- Three letters of reference
- A brief essay explaining your need for the scholarship, aim of studies, and why you would benefit from this fund.

To submit this application:

Mail: Scholarship Committee
Hanover and District Hospital Foundation
90 – 7th Avenue
Hanover, Ontario
N4N 1N1

Email: awaincott@hdhospital.ca