

101-1500 Notre Dame Ave. Winnipeg MB R3E 0P9

Phone: 1-204-772-0425 Fax: 1-204-775-6829 Info Line: 1-800-315-3331

Website: www.mahcp.ca

MONIQUE WALLY MEMORIAL SCHOLARSHIP FUND APPLICATION FORM

The Monique Wally Memorial Scholarship Fund Committee will award (3) - \$400, Scholarships annually. This Scholarship is open to Manitoba residents intending to enter their first year of an **Allied Health Profession.**

Applic	cants Name:	
Addre	ss:	-
Phone	e #:	
Name	of Parent/Guardian:	
Paren	t/Guardian Place of Employment:	
Requi	rements:	
Candio	lates must submit the following information along with the application form:	
	A copy of their high school, college or university transcript	
	A letter of recommendation from one of the following (teacher, employer, counse supervisor)	lor, or
	A brief letter or resume outlining activities such as volunteer work, community we curricular activities.	rk, or extra-
	A 500 word essay on "Why enter into an allied health profession".	
	Their proposed course of study and their letter of acceptance to that Post Seconmust also be included.	dary program
	Candidates should include their parent's/guardian's full name and place of emplo MAHCP members.	yment if they are

Applications must be completed in full, otherwise they will not be considered.

Send to: Chairperson

Monique Wally Memorial Scholarship Fund

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Your application and criteria must be received at the MAHCP office no later than **July 22, 2016** - 1600 hours.

The applications are evaluated as follows:

- o Academic scores are weighted 60%
- The essay is evaluated by each committee member and given a score. The cumulative average from this score is weighted 20%
- The Applicant's resume is evaluated by each committee member and given a score. The cumulative average from this score is weighted 20%

The essays written by successful applicants may be selected for publication in the Association's newsletter