



friends
of Chinook Regional Hospital



**Chinook Regional
Hospital Foundation**
Caring About You



**Alberta Health
Services**

**FRIENDS OF CHINOOK REGIONAL HOSPITAL
IN PARTNERSHIP WITH CHINOOK REGIONAL HOSPITAL
FOUNDATION(CRHF)**

**HEALTHCARE PROFESSIONALS OF TOMORROW
2026**

Scholarship Application Package

Applications received
until May 31, 2026

Submit Applications to:

Dan Erickson –Friends Hospital Gift Shop

Chinook Regional Hospital 960 – 19th Street South
Lethbridge, AB T1J 1W5

For More Information:

403.388.6139 / Daniel.Erickson@ahs.ca or
587-787-2843 / Hilary.Holt@ahs.ca

Thank you for your interest in the
Healthcare Professionals of Tomorrow Scholarship

Please read this package thoroughly before submitting your application.

What is the ‘Healthcare Professionals of Tomorrow’ Scholarship Program?

Friends of Chinook Regional Hospital in partnership with CRHF and Alberta Health Services Volunteer Resources have created a scholarship fund celebrating the valuable contributions of volunteers.

Four scholarships are available to be awarded to assist persons living within the hospital's service area who have volunteered with patients at Chinook Regional Hospital and are pursuing a program of post-secondary education in healthcare. (As outlined in the application guidelines)

ELIGIBILITY

Applicants for the Healthcare Professionals of Tomorrow must be

- Planning to attend full time studies in the fall of 2026 through a post-secondary educational program in the health-care field*, at which the scholarship can be used. (*Healthcare field is defined as any career in the healthcare field, and is not limited to those careers that provide direct patient care)
- Continuing full time secondary studies in the fall of 2026
- An active, registered Alberta Health Services volunteer at Chinook Regional Hospital with at least 40 hours of cumulative, recorded volunteer time between May 1st, 2025 – April 30th, 2026.
- a Canadian citizen or landed immigrant

Applications for group scholarships, and past Healthcare Professionals of Tomorrow scholarship recipients, will not be considered.

HOW TO APPLY

Ensure that you meet all the eligibility requirements listed above, then:

- read the application form carefully and follow all instructions
- complete the application online at www.friendsofcrh.ca
- paper applications can be submitted to: Daniel Erickson via the CRH Gift Shop 960-19 Street S. Lethbridge

APPLICATION GUIDELINES

- Applications must be received on or before noon, May 31, 2026
- Incomplete applications will not be accepted.
- Two scholarship recipients will be chosen for graduating Grade 12 students in the amounts of \$4,000 for first place and \$3,000 for second place.
- Two scholarship recipients will be chosen for post- secondary students in the amounts of \$4,000 for first place and \$3,000 for second place.
- Applications become the property of Friends of Chinook Regional Hospital.
- Unsuccessful applications will be shredded following the decision announcement.
- Friends of Chinook Regional Hospital, CRHF and/or Alberta Health Services are not responsible for lost, damaged, or misdirected applications. Applications mechanically reproduced or tampered with will be invalid.
- All personal information included in the application will be kept confidential and disclosed only to those parties for the purpose of administering the **Healthcare Professionals of Tomorrow** scholarship program.
- For questions or further information contact Dan Erickson, Executive Director of the Friends of the Chinook Regional Hospital, at: 403.388.6139, or you may contact the Chinook Regional Hospital Volunteer Resources Department at 587.787.2843 Hilary Holt or volunteer.lethbridge@albertahealthservices.ca

WHO JUDGES THE APPLICATIONS?

A selection committee comprised of representatives of Friends of Chinook Regional Hospital, CRHF and Alberta Health Services will select the scholarship recipients. Applicants will be evaluated based on the following set of pre-determined criteria, including, but not limited to:

- the applicant's demonstrated commitment to volunteering at Chinook Regional Hospital
- the applicant's reasons for volunteering
- how the applicant's volunteer work has contributed to Chinook Regional Hospital
- how the applicant plans to meet educational goals related to a healthcare career
- the applicant's letters of support

Members of the selection committee will remain confidential to maintain impartiality.

WHEN WILL THE RECIPIENTS BE ANNOUNCED?

The selection committee will determine the scholarship winners by June 15, 2026. The recipients will be contacted by June 30, 2026. If a recipient cannot be contacted by August 15, 2026 the scholarship shall be deemed forfeited and an alternate recipient may be selected. All decisions of the selection committee are final and not subject to appeal.

WHAT IS EXPECTED OF THE SCHOLARSHIP RECIPIENTS?

The recipients will be required to have photographs taken and participate in interviews for publication in various media. The recipients must be prepared to make themselves available for these purposes between July 1 and August 15, 2026. The recipients must provide SIN numbers for the issuing of tax documents.

HOW WILL THE SCHOLARSHIP BE GIVEN TO RECIPIENTS?

The scholarship recipient will have until Sept. 30, 2026 to present proof of full-time enrolment in a college, university, training, or apprenticeship program, and to complete the form provided by E.D. (Executive Director) Friends. Upon presentation of the above, a cheque for the scholarship will be sent directly to the scholarship recipient. If the recipient does not present proof of enrolment by the deadline, or does not request an extension, the scholarship will be forfeited.

FRIENDS OF CHINOOK REGIONAL HOSPITAL
IN PARTNERSHIP WITH CRHF
HEALTHCARE PROFESSIONALS OF TOMORROW

SCHOLARSHIP APPLICATION

Applicant Information

First Name _____ Last Name _____

Date of Birth _____
DAY MONTH YEAR

Permanent address:

City _____ Province _____ Postal Code _____

Home Phone _____ Alternate Phone _____

Email _____

Please provide contact information of someone we can contact if we are unable to reach you.

Name _____

Daytime phone _____ Email _____

Education Information

List the schools/training/apprenticeship programs in which you have been enrolled during the past two years. Start with the most recent.

NAME OF SCHOOL OR ORGANIZATION	NAME OF PROGRAM OR GRADE	FULL ADDRESS	TELEPHONE NUMBER	DURATION M/Y – M/Y	WHAT YEAR ARE YOU GRADUATING?

Current academic year of study: _____

Attach transcript for studies completed.

Areas of study

In order of preference, list the areas of study that you are pursuing or plan to pursue at the post-secondary level (college, university, technical education).

- 1) _____
- 2) _____
- 3) _____

Healthcare Career Interests

In order of preference, list possible healthcare careers you would like to pursue.

- 1) _____
- 2) _____
- 3) _____

Volunteer Involvement

In this section, write a brief, essay (max. 400 words) to describe your volunteer experience with Chinook Regional Hospital. Your response will include, but is not limited to, the following information:

- how your volunteer work has impacted your outlook on life
- your reasons for volunteering
- how your volunteer work has contributed to Chinook Regional Hospital.

Formatting

- Attach a separate 8 ½" x 11" page
- Submissions must be typed and double spaced
- Use an easy-to-read font (Times New Roman or Arial is best) between 10 and 12 points in size.
- Essay Title
- Written by

Letters of Support

Attach two letters of support from individuals or organizations who recommend you for this scholarship (e.g. school counsellors, youth group leaders, professors, instructors). Reference letters are only valid for one application cycle. Do not submit letters from family, employees or board members of Friends of Chinook Regional Hospital, CRHF or employees of Volunteer Resources, Alberta Health Services. Reference letter can be directly sent to the Executive Director Dan Erickson.

Applicant's Signature

I certify that the information provided in this application form is true and accurate and I agree to enter into this contest competition for the award listed herein.

I confirm I am a Canadian citizen or permanent resident according to Canadian immigration law.

I consent to Friends of Chinook Regional Hospital, CRHF and /or Alberta Health Services and each of their respective affiliates, subsidiaries, successors, obtaining or exchanging the information contained in this application with each other, the selection committee, my educational institution, and the trustee administering the award, and donation amounts, for the purpose of processing my application, verifying the accuracy of my personal information, determining the eligibility of my application for an award, and administering the award to recipients.

I further consent to Chinook Regional Hospital and/or Alberta Health Services collecting, using, disclosing, obtaining from, and exchanging with, other third parties, any of the above information, or additional information as required, and to entering into, administering, performing and enforcing any agreement or transaction in connection with my application.

I give my consent to Friends of Chinook Regional Hospital, CRHF and/or Alberta Health Services to publish my photo and essay on volunteer involvement (in whole or in part) including my name.

Signature of applicant _____ Date _____

Signature of parent or guardian, if applicant under the age of 18.

Signature _____ Date _____