

TERMS OF REFERENCE
THE SUSSEX HEALTH CENTER AUXILIARY BURSARY
And
THE JUDIE DELUNNEY BURSARY

In order to encourage young people to enter the Health Care profession by training in an accredited University or College, this Hospital Auxiliary offers for the first time this year is offering a second bursary of \$1000.00 in memory of our long standing member, Judie Deluney, who passed away this winter, to assist in the expenses of training.

Following are the rules governing the awarding of the bursaries:

1. The applicant must be a resident of Kings County for at least one year prior to the closing date for application.
2. Minimum educational requirements will be High School Graduation.
3. The age of the applicant(s) must be from 17 to 25 years inclusive.
4. Must be applying for a health care/medical profession(EMT etc)
5. Application must be made in writing or by email between May 1 and June 30, 2024 and must include age of applicant.
6. Two letters of recommendation are required, including one from the school.
7. Each bursary of \$1000.00 will be granted to the successful candidate(s) upon proof of attendance.
8. The successful candidate(s) will be notified early in the autumn and will only receive the monies around the first of January, 2025 after providing a copy of transcripts, having completed the first semester.
9. Applications must be sent to the following address:

Sussex Health Centre Auxiliary
Attn: Bursary Committee
75A Leonard Drive
Sussex, New Brunswick
E4E 2P7

Or email.....peggymccrea2012@gmail.com

APPLICATION FORM FOR THE HEALTH CARE PROFESSION

The Sussex Health Centre Auxiliary Bursary

Name: _____

Address: _____

Phone No: _____

Name of High School Attended and Year of Graduation: _____

Name of University Attending or Planning to Attend: _____

A. Accepted: _____

B. Presently Attending: _____

List some extra-curricular activities within the school and/or the community in which you have been involved.

Please arrange for two (2) letters of recommendation attesting to your scholastic achievements and your character. Please include also a transcript of your marks.

Previous recipients of these bursaries may reapply.

All information received by the Committee will be considered confidential.

This bursary is available to students from Sussex Regional High School, Belleisle Regional High School, UNB (Saint John or Fredericton), and Saint John Community College.

Applications must be received on or before June 30th each year and once completed returned to:

**Sussex Health Centre Auxiliary
75A Leonard Drive
Sussex, New Brunswick
E4E 2P7
Or
Email.....peggymccrea2012@gmail.com**

APPLICATION FORM FOR THE HEALTH CARE PROFESSION

The Judie Deluney Bursary

Name: _____

Address: _____

Phone No: _____

Name of High School Attended and Year of Graduation: _____

Name of University Attending or Planning to Attend: _____

A. Accepted: _____

B. Presently Attending: _____

List some extra-curricular activities within the school and/or the community in which you have been involved.

Please arrange for two (2) letters of recommendation attesting to your scholastic achievements and your character. Please include also a transcript of your marks.

Previous recipients of these bursaries may reapply.

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