

AAHP Scholarship Award Application & Guidelines

(Revised – March 2023)

Please read the guidelines carefully before filling out your application. Incomplete or incorrectly completed applications will be rejected without notice to the applicant. If you have any questions about the application form, please call our AAHP Office for assistance at 722-3353 or email us at info@aahp.ca.

Completed applications **MUST** be received by the AAHP Office no later than midnight on **September 30th** of each year. Please submit your application by:

Mail: Dorset Building, 6 Mount Carson Avenue, Mount Pearl, NL A1N 3K4

Fax: (709)722-0987

Email: info@aahp.ca

Please Print Clearly

Section 1: AAHP Member Information

Name of Member sponsoring this application: _____

Last
First
Initial

Address: _____

Street/Box No.
City/Town
Postal Code

Telephone: (home) _____ (work) _____ (fax) _____ (email) _____

Relationship to Student: _____

Employer: _____ Profession: _____

Manager/Director: _____ Phone: _____

Employment Status: ☐Permanent Full-time ☐Temporary full-time ☐Permanent Part Time ☐Temporary Part Time
☐Job Sharing ☐Casual

Date of Employment: _____

Section II – Student Information (dependent child of member)

Name of Student : _____

Last
First
Intital

Mailing Address: _____

Street/Box No.
City/Town
Postal Code

Telephone: (home) _____ (work) _____ (fax) _____ (email) _____

Date of Birth: _____

Month/Date/Year

Section III – Program Information

Are you currently enrolled in a Post Secondary Institute: Yes ☐ No ☐

If yes – attach necessary receipts and proof of registration

If No, when do you plan to enroll: _____

Institute student is/will be attending: _____

NAME

Street/Box No.
City/Town
Postal Code

Diploma/Degree expected: _____ Expected Date of Completion : _____

We certify that the above information is true and correct. We hereby authorize the Association of Allied Health Professionals Education Committee to validate any of the aforementioned information if required.

Member's Signature

Date

Student's Signature

Date

For Office Use Only:

Membership No.: _____

Date Last Dues Paid: _____

Current Status: _____

Checked by : _____

Date Application Received: (Stamp Here)



AAHP Scholarship Award Program for Children of Members

1. Eligible Applicants:

- ☐ Must be a dependent child¹ of an active² AAHP member.
- ☐ Only one application accepted per applicant (student). No restrictions on number of applications from one family. (Example: If AAHP member has more than one child eligible to apply – each child may apply).
- ☐ Applicants must be currently enrolled in, or plan to enroll in at least 2 courses in a post secondary institution by August 31 of the following year. Students currently enrolled in Level III are not eligible.
- ☐ Scholarship recipients must be 25 years of age or under by December 31 in the year the Scholarship is awarded.

2. Scholarship Amount

- ☐ Six scholarships valued at **One Thousand Dollars (\$1,000)** each will be awarded, for a total of **Six thousand dollars (\$6,000)** annually.

3. Selection Process

- ☐ Recipients will be selected on a lottery style basis conducted by the Education Committee.
- ☐ All portions of application must be completed. Incomplete or incorrectly completed applications will be rejected.
- ☐ No confirmation of receipt of application will be sent to applicants.
- ☐ Deadline for Applications to be received at AAHP Office is September 30 of each year.
- ☐ Scholarship winners will be drawn within 30 days of the deadline.

4. Requirements to Receive Scholarship.

- ☐ Applicant must be registered in two or more courses per semester at a recognized post-secondary program leading to a degree or diploma.
- ☐ Scholarship winners will be required to submit a 500 word article expressing how receiving the scholarship will help in achieving your education's career goals. These articles will be published in the AAHP newsletter. Cheques will not be disbursed until this article is received.
- ☐ Scholarship cheques will only be disbursed upon proof of registration, which must be received by the AAHP Education Committee by September 30 of the following year.
- ☐ If applicant does not register in a post secondary program or if the required documentation is not forwarded to AAHP by September 30 of the following year, the scholarship will be forfeited. Forfeited monies will be forwarded to the next Scholarship award.
- ☐ Applicants may only receive one \$1,000 scholarship in a lifetime. Subject to eligibility, unsuccessful applicants may reapply to subsequent draws.

5. Rights Reserved

- ☐ The AAHP Education Committee reserves the right to amend, alter, add or delete any of these rules and procedures, with the approval of the AAHP Board or Executive, as it deems necessary for the efficient and fiduciary operating of the Scholarship Award Program.
- ☐ Responsibility for conducting the draw and resolving any dispute in regard to eligibility or interpretation of these guidelines rests exclusively with the AAHP Education Committee.

¹ Dependent child means:

- Your children, your spouse's children, or children for whom you or your spouse is the primary caregiver and granted legal custody and control, if they are not married or in any other formal union recognized by law, and are under the age of 19.
- Your children, your spouse's children, or children for whom you or your spouse is the primary caregiver and granted legal custody and control, if they are students attending a recognized post-secondary educational institution, up to the age of 25 years old.

² Active member means the member must be currently employed in a position covered by the AAHP Collective Bargaining Unit and paying AAHP Membership dues at the time of the selection.