



# RN/RPN Return of Service Scholarship PRRD Health Care Scholarship Program

---

The guidelines for the RN/RPN Return of Service Scholarship are as follows:

## 1) Scholarship Amount

- a) There are six scholarships up to \$5,000 for each participant.
- b) The scholarship is divided into two components:
  - \$2,500 to be used for your **final year** of the degree program; AND
  - \$2,500 upon successful graduation and when a two (2) year return of service agreement, in a full time capacity, is signed with Northern Health to work in the Peace River Regional District.

## 2) Scholarship Application

- a) All applicants must complete the Peace River Regional District Scholarship Application in full and include any additional information that has been requested. The deadline for completed applications to be received by the Peace River Regional District is **June 30<sup>th</sup>** of each year.

## 3) Residency Requirement

- a) Applicants must have graduated from a Secondary School in the Peace River Region, or Fort Nelson, Prince George, or Grande Prairie.
- b) First priority will be given to graduates in the Peace River Regional District; if the number of local applicants is low, the PRRD will look at applicants from the other Secondary Schools.

## 4) Registration

- a) Applications must include proof of acceptance to a nursing program at a post-secondary institution, a copy of your transcript (proof of GPA and grades), and a completed consent form.

## 5) Adjudication Process

- a) Applications will be adjudicated by a selection committee appointed by the Peace River Regional District.
- b) Scholarship applications will be adjudicated on the basis of residency, academic standing, community involvement and confirmation of acceptance or registration for the final year of an RN/RPN program.

## 6) Notification of Award Recipients

- a) Prior to October 31<sup>st</sup> of each year, the Peace River Regional District will advise all applicants regarding the results of their applications.

## 7) Scholarship Award

- a) Scholarship recipients will receive a cheque for the award amount.
- b) A T4A Statement of Income will be issued by the Peace River Regional District for the year in which the scholarship is received, as per the *Income Tax Act*.

Please email completed applications to [prrd.dc@prrd.bc.ca](mailto:prrd.dc@prrd.bc.ca) or mail to:  
RN/RPN Return of Service Scholarship – PRRD  
Box 810, 1981 Alaska Avenue, Dawson Creek, BC V1G 4H8



# RN/RPN Return of Service Scholarship PRRD Health Care Scholarship Program

## Scholarship Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ SIN: \_\_\_\_\_

What secondary school did you graduate from? \_\_\_\_\_

What post-secondary institute are you currently attending? \_\_\_\_\_

When will you complete and graduate from your RN/RPN degree program? \_\_\_\_\_

What areas of nursing do you intend to pursue? \_\_\_\_\_

Why?

\_\_\_\_\_  
\_\_\_\_\_

How will this scholarship assist you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your community involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If, upon graduation, you are offered a position with Northern Health in the Peace River Regional District, would you be willing to enter into a two year return of service agreement? Yes No

If yes, what communities?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This application must include a proof of acceptance into a nursing program at a post-secondary institutions, a copy of your transcript with current GPA and 3<sup>rd</sup> year (or cumulative) grades, and a completed consent form. Applicants may attach additional information for review by the selection committee. Please provide a 'permanent' mailing address as this will be used to issue the T4A Statement.*



# **RN/RPN Return of Service Scholarship PRRD Health Care Scholarship Program**

---

## **Consent to Use/Disclosure of Personal Information**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Print name) (Insert address)

consent to the use and disclosure by the Peace River Regional District (PRRD) of my personal information and my photograph for purposes of publicizing and promoting the PRRD Health Care Scholarship (the "Awards Program"), including: advertisements and notices to be published in newspapers, magazines, or other media; television or radio announcements or advertisements; newsletters, reports, publications or websites; industry newsletters and similar publications; web pages and social media.

For purposes of the above, I consent to the use of

any photograph(s) that I have provided to the PRRD in connection with my application for the Awards Program, and any other photographs or other images of myself (including any likeness or image in still, digital, videotape or other format, and whether I appear alone or together with one of more other persons), that PRRD (or others on behalf of PRRD) may have taken, made or recorded in connection with my participation in the Awards Program; and

I understand that this information will be used only for the purposes described above, and that any other use will be subject to further consent.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)