

Founders Scholarship

The Catholic Health Association of New Brunswick Scholarship

Application details – Rules & Regulations



Fund

The objective of the scholarship is to assist a student furthering their studies and planning a future in Healthcare.

Funds Available

Four scholarships in the amount of \$ 1000.00 will be awarded annually to two (2) students studying in a French educational institution and two (2) students studying in an English educational institution. Former recipients are welcome to reapply each year.

IMPORTANT DATES

Full applications must be post marked or courier stamped by September 30th, 2025

Late or incomplete applications will not be considered.

Eligibility

An application may be completed if the student in question:

- Is a resident of New Brunswick.
- Plans to register as a full-time student in September of 2025 at a recognized post-secondary institution.
- Must be entering their second or later year of post-secondary education.
- Is planning to pursue a career in healthcare.

Rules & Regulation Guidelines

1. CHANB reserves the right to authenticate all information pertaining to the application.
2. CHANB reserves the right to use recipient's name for promotional purposes.



3. CHANB reserves the right to change any dates stated on the application form.
4. All information on the application will be held in the **strictest confidence**. Personal information under the control of CHANB shall not, without the consent of the individual to who it relates, be used by CHANB except: (a) for the purpose for which the information was obtained or compiled by CHANB, or (b) for a use consistent with that purpose.
5. Only scholarship winners will be notified personally of CHANB's decision. This decision will be final.
6. By participating, you agree to these Official Rules (including eligibility requirements) and to the decisions of CHANB whose decisions are final and binding in all matters pertaining to this program.

Application Procedure

1. The original application form must be completed, electronically or legibly in black or blue ink, within the space provided.
2. The applicant must write an autobiographical statement. There is no minimum or maximum of words.
3. The applicant must include a copy of their resume.
4. A copy of the student's letter of acceptance from the post-secondary institution must be included.
5. A copy of the student's most recent unofficial (or official) transcript based on a full year of school must accompany the application.
6. Completed application, autobiographical statement, resume, letter of acceptance and transcripts may be mailed to CHANB to the following address:

Catholic Health Association of New Brunswick
1710 Water St.
Miramichi, NB
E1N 1B4
Or by email at: Catholichealth@chpci.com

7. Applications must be mailed postmarked by **September 30th, 2025**. The application will not be eligible for consideration if not mailed directly to CHANB.
8. The judging will be based on the following criteria.
 - a. Academic achievement
 - b. Work, community service and volunteer activities
 - c. Extracurricular activities (memberships, athletic and cultural activities and hobbies)
 - d. Future educational and career goals.

NOTE: the responsibility for the completed application form rests with the applicant. Please complete the application as requested. Illegible applications will not be considered.



Acceptance Conditions

1. If you are selected as a winner of the Founders Scholarship, you must be enrolled as a full- time student in an approved program for two consecutive sessions/terms.
2. The prize is non-transferable.
3. The scholarship winners consent to the use of his/her name, city or residence, and/ or photograph for publicity purposes in all media by CHANB.
4. By entering the program, you agree to and are deemed to have accepted all terms, conditions, rules and regulations contained with.

Contact Information

For questions about the scholarship program guidelines, how to apply, and the review process contact the Catholic Health Association of New Brunswick by Telephone at (506) 778-5302 or by Email at catholichealth@chpci.com

