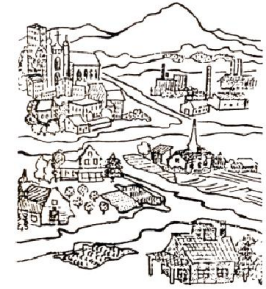




Fondation Lampe Foundation

CFUW Sherbrooke & District
FCFDU Région de Sherbrooke



VTC APPLICATION FORM

CFUW Sherbrooke & District offers bursaries to local Vocational Training Centre students who intend to practice in the Eastern Townships:

Sherbrooke Hospital Foundation Scholarships (\$1000 for Health Assistance Nursing Care, \$500 for Home Care Assistance, and \$300 for Assistance in Health Care Facilities).

ELIGIBILITY CRITERIA

- Full-time student, having completed 2 to 4 months in one of the above 3 programs
- Canadian citizen or permanent resident
- Attendance at a local high school (Alexander Galt, Massey-Vanier, Thetford Mines, Richmond Regional, Bishop's College, or Stanstead College) or 1 year at Champlain Regional College, Lennoxville or equivalent
- Financial need
- Ability to work in both French and English

This form should be completed, printed, signed and returned with relevant documentation by **November 15, 2016** to:

Luc Rodrigue, Director
Lennoxville Vocational Training Centre
1700 College
Sherbrooke, QC J1M 0C8

The following documentation should accompany the completed form:

1. Photocopy of latest transcript
2. A sealed letter of reference from a teacher or employer attesting to your potential to work in your chosen field and your language skills
3. Proof of Canadian citizenship or Permanent Resident Status. Photocopies are permitted

These awards are contingent upon the applicant remaining in the Vocational Training Centre program and seeking employment in the Eastern Townships upon graduation.

Decisions of the Scholarship Selection Committee are final.

Print and complete these forms.

If there is something in the application you do not understand, ask your teacher for help.

All information will be treated in strictest confidence

Name
Present address
Permanent address
Telephone #
Email address
High school name Address
Years attended

Canadian citizen _____ Permanent resident _____

Other Education

Institution	Diploma / degree	Years

In which program are you studying?

Health Assistance Nursing Care _____

Home Care Assistance _____

Assistance in Health Care Facilities _____

Date you started the program _____

Please explain your career goals.

Estimate your expenses for the next year (tuition, books, transportation, housing, child care, etc.).

Total \$ _____

Indicate your sources of support (personal savings, employment insurance benefits, manpower training measure, part-time income, parents or relatives, spouse or partner, loans, bursaries, etc.)

Total \$ _____

Is there anything else you would like to tell us about yourself to help us select the successful applicant?

I certify that the information in this application is accurate and complete, to the best of my knowledge. If selected, I agree to have my name and place of study published on the CFUW Sherbrooke & District internet web site (cfuwsherbrooke.org), on Lampe Foundation website (www.lampefoundation.org) and on Lampe Foundation Facebook page. I further agree to work for two years in the Eastern Townships upon graduation. If I choose to work outside the Eastern Townships, I agree to reimburse the Foundation for the amount that I received.

Signature_____ Date_____