



## **Robert T. Reynolds Memorial Scholarship Guidelines & Criteria**

### **INTRODUCTION**

Mr. Robert T. Reynolds, one of Delta Hospital's first presidents and a member of Delta municipality's pioneer families, made an outstanding contribution to the community during his lifetime. Very active in the furtherance of sound and progressive agricultural policies and community works, he also dedicated much time and energy towards obtaining a hospital for Delta. His dedication and perseverance in the face of many obstacles was a major factor in the construction of the fine facility we are all so proud of today.

This scholarship of **\$1,500.00** is awarded annually in recognition of Robert T. Reynolds' exemplary service. It is open to all Grade 12 students who are residing in Delta and who intend to undertake post-secondary education in any field.

Certain factors have a major bearing on an applicant's success, such as their participation in extracurricular activities, community volunteerism and school activities.

### **ELIGIBILITY**

Any Grade 12 student residing in Delta who is advancing to post-secondary education may apply.

### **DOCUMENTATION**

The following documentation is required:

1. The completed application form.
2. A personal letter from the applicant detailing their chosen career, the reason for pursuing this career, the institute selected or being considered, and any significant contributions made to the school or community.
3. A copy of official senior secondary school transcript of Grade 11 and Grade 12 marks.
4. Three letters of reference, no more than two from school.
5. List of awards or certificates of achievement.
6. Details of volunteer experience.

**Please Note:** Applications and supporting documents should be assembled in the above order with all documents together in an envelope.





**Delta Hospital**  
+ Community Health  
**FOUNDATION**

## **DEADLINES**

Applications must be submitted to the Delta Hospital and Community Health Foundation office by **4:30 p.m. on Friday, April 24, 2020.**

The successful candidate will be notified by the Foundation. All other applicants will be subsequently advised in writing.

The scholarship will be awarded at the commencement ceremony at the successful candidates' high school. The scholarship award will be issued to the selected candidate upon confirmation of enrollment to the post-secondary institution.

## **APPLICATIONS AND SUBMISSION**

Applications may be obtained from the high schools or on the Foundation website at: [www.dhchfoundation.ca](http://www.dhchfoundation.ca).

Please complete and forward the attached application form and supporting documents to:

**Lisa Hoglund**  
**Executive Director**  
Delta Hospital and Community Health Foundation  
5800 Mountain View Blvd.,  
Delta, BC V4K 3V6  
Email: [info@dhfoundation.ca](mailto:info@dhfoundation.ca)





**ROBERT T. REYNOLDS MEMORIAL SCHOLARSHIP  
APPLICATION FORM - 2020**

**Forward To:** Lisa Hoglund, Executive Director  
Delta Hospital and Community Health Foundation  
5800 Mountain View Blvd., Delta, BC V4K 3V6

**APPLICATION FOR SCHOLARSHIP**

**Applicant's Name:** \_\_\_\_\_  
Last Name First Name(s)

**Applicant's Address:** \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City Province Postal Code

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b><u>Documents Attached:</u></b>	<b><u>Checklist</u></b>
<b>Personal Letter</b>	<input type="checkbox"/>
<b>Grade 11 and 12 Transcript of Grades (photocopy)</b>	<input type="checkbox"/>
<b>Reference Letters (3)</b>	<input type="checkbox"/>
<b>List of Achievements</b>	<input type="checkbox"/>

**Date of Application:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

***Deadline: Friday, April 24<sup>th</sup>, 2020 by 4:30 p.m.***



