



**STETTLER HEALTH SERVICES FOUNDATION
WISHES TO ANNOUNCE THE ESTABLISHMENT OF THE**

**DR. LYNNE M. MCKENZIE
MEMORIAL SCHOLARSHIP**

**THIS SCHOLARSHIP WILL PROVIDE \$3,000.00 TO ONE DEDICATED STUDENT PER YEAR THAT IS
CURRENTLY ENROLLED IN MEDICAL SCHOOL AND WILL BE PURSUING A CAREER IN RURAL ALBERTA**

**IN MEMORY OF DR. LYNNE M. MCKENZIE, WHO DEDICATED HER CAREER AND LIFE TO
ADVANCING THE ACCESS TO MEDICAL TREATMENT IN RURAL ALBERTA,
A LIFELONG PASSION THAT HELD A SPECIAL PLACE IN HER HEART.**

DEADLINE FOR APPLICATIONS IS AUGUST 31
AND WILL BE AWARDED OCTOBER 15

FOR ADDITIONAL INFORMATION VISIT
WWW.STETTLERHEALTHFOUNDATION.COM



DR. LYNNE M. MCKENZIE MEMORIAL SCHOLARSHIP

SCHOLARSHIP DETAILS AND REQUIREMENTS

AWARD DESCRIPTION:

Stettler Health Services Foundation works with practising and prospective physicians to improve access to medical services in rural locations in East Central Alberta. We are looking to reward a single student, each year, who is working towards a rewarding medical career in rural Alberta.

ELIGIBILITY:

The Award of \$3,000 is open to any student currently enrolled in medical school who will be pursuing a career in rural practice and historically lived in East Central Alberta as a primary location. Specifically in a community East of Highway #2 to the Saskatchewan border with maximum population of 30,000.

AWARD CRITERIA:

SUCCESSFUL APPLICANTS WILL:

- Have Previously and Continues to Demonstrate
 - Academic Achievements
 - Demonstrate Leadership Skills
 - Teamwork and Support
 - Community Involvement and Volunteerism
- Exhibit the Desire to Enhance Quality of Life in the Community
- Express the Willingness to Become a Mentor
- Balance both Scholastic and Social Activities

SELECTION PROCESS:

The successful candidate will be selected by a panel established by the Stettler Health Services Foundation. Once the applications have been screened for criteria, applications will be scored by the panel. The successful candidate will be contacted by email.

APPLICATION PROCESS:

Application packages are available at: www.stettlerhealthfoundation.com

Qualified candidates must complete and submit the application form, resume, transcripts, two reference forms and a 250-300-word personal profile including career aspirations a how the scholarship would benefit them and how they will contribute to rural medicine.

APPLICANT DOCUMENTATION CHECKLIST:

- Application Forms
- Academic Transcripts and/or Proof of Enrollment in Medical School
- Complete Resume
- Two Reference Forms
- Personal Profile (250-300 Words)



DR. LYNNE M. MCKENZIE
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APPLICATION FORM

NAME: _____ BIRTHDATE: _____
PERMANENT HOME ADDRESS: _____
MAILING ADDRESS: _____
PHONE: _____ BUSINESS PHONE: _____ FAX: _____
EMAIL: _____ CELL: _____

POST SECONDARY INFORMATION:

_____ FROM: _____ TO: _____
_____ FROM: _____ TO: _____
_____ FROM: _____ TO: _____

LAST THREE PLACES OF EMPLOYMENT:

_____ FROM: _____ TO: _____
_____ FROM: _____ TO: _____
_____ FROM: _____ TO: _____

VOLUNTEER ACTIVITIES:

_____ CONTACT NAME: _____ PHONE: _____
_____ CONTACT NAME: _____ PHONE: _____
_____ CONTACT NAME: _____ PHONE: _____

REFERENCES:

_____ PHONE: _____
_____ PHONE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____



DR. LYNNE M. MCKENZIE
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REFERENCE FORM

PURPOSE:

The **Stettler Health Services Foundation** (SHSF) believes applicants should demonstrate leadership, wish to enhance Albertan’s quality of life, provide mentorship and exhibit a balanced social and scholastic activity.

SHSF wishes to acknowledge and recognize the effort of students pursuing a career as a rural physician in Alberta through the Lynne M. McKenzie Memorial Scholarship.

NAME OF APPLICANT:

_____ is applying for the Dr. Lynne M. McKenzie Memorial Scholarship.

HOW LONG AND IN WHAT CAPACITY DO YOU KNOW THE APPLICANT:

PLEASE INDICATE HOW YOU WOULD RATE THE APPLICANT IN TERMS OF THE ATTRIBUTES BELOW:

	EXCELLENT	VERY GOOD	GOOD	N/A
DEMONSTRATES LEADERSHIP POTENTIAL	_____	_____	_____	_____
ENHANCES COMMUNITY QUALITY OF LIFE	_____	_____	_____	_____
POTENTIAL IN THE MENTORSHIP OF OTHERS	_____	_____	_____	_____
DEMONSTRATES LEADERSHIP AND TEAM PLAY	_____	_____	_____	_____
BALANCES SOCIAL AND SCHOLASTIC ACTIVITIES	_____	_____	_____	_____

REMARKS:

REFERENCE DETAILS:

REFERENCE NAME: _____ DATE: _____
TITLE / POSITION: _____ PHONE: _____
EMAIL: _____ FAX: _____
MAILING ADDRESS: _____
REFERENCE’S SIGNATURE: _____