

Medavie Scholarship

Honouring Pierre-Yves Julien

Application Form

ABOUT THE SCHOLARSHIP

The Medavie Scholarship honours the legacy of Pierre-Yves Julien, the former CEO of Medavie and a founding member of the Medavie Health Foundation, who retired in 2016. One scholarship of \$5,000 will be awarded annually to a youth who has overcome adversity related to mental health and is pursuing health-related post-secondary studies.

The scholarship is funded by Medavie, a not-for-profit health services company that provides health benefits insurance and health care delivery through Medavie Blue Cross and Medavie Health Services, and that gives back to the communities where we live and work through the Medavie Health Foundation. It's part of our commitment to making a lasting difference to the health and well-being of Canadians.

Deadline for receipt of completed application and supporting documents is **June 30, 2017**. The successful recipient will be notified in August. Confirmation of your enrollment in a post-secondary institution is required prior to any scholarship award.

The Medavie Scholarship Commemorating Pierre-Yves Julien is administered by the Medavie Health Foundation. For further details, please visit www.medaviehealthfoundation.ca/scholarship

ELIGIBILITY CRITERIA

- Canadian citizen
- Enrolled in full or part-time studies at a recognized post-secondary educational institution based in Canada
- Has overcome adversity related to mental health, either through lived experience or a family member
- Pursuing a related health program (e.g. social work, nursing, nutrition, psychology, physical education, community recreation, etc.)

QUESTIONS

If you have any questions, please e-mail MHF@medaviehealthfoundation.ca with "Scholarship" in the subject line.

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HEALTH FOUNDATION

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HEALTH SERVICES

1. Contact information

First name: Last name:

Date of birth (dd/mm/yyyy):

Address:

City: Province: Postal code:

E-mail: Phone number:

2. Education Information

High School name:

Graduation Date/Anticipated Graduation Date (mm/yyyy):

Address:

City: Province: Postal code:

3. Post-secondary Information

Name of post-secondary institution and program you are enrolled in/have applied to:

Address:

City: Province: Postal code:

Full-time studies Part-time studies

Where will you be living during your studies?

In residence Off-campus With family or relatives

4. Financial Information

We require information on your estimated financial resources for the upcoming academic year.

Will you be applying for a student loan? yes no

Will you be receiving any monetary support from your parents and/or family? yes no

Do you anticipate having paid employment this summer? yes no

Do you anticipate receiving any other scholarships or bursaries? yes no

Do you anticipate working part-time during your post-secondary studies? yes no

Do you anticipate receiving a tuition waiver? yes no

Do you anticipate receiving any monetary support from other resources not listed above? yes no

If yes, please list, including \$ amount:

If applicable, please provide an estimated amount of your own savings to support your post-secondary studies, not including any support referenced above:

5. Volunteer Experience & Extracurricular Activities

Please list and describe any volunteer experience and extra curricular activities from the past 12-24 months:

Description of activity	Organization	Length of Time

6. Supporting Documents

- Personal Essay**

In 700 words, describe how you have overcome adversity related to mental health, either through lived experience or a family member, and how this has impacted your life and goals. Include why you are deserving of this scholarship and what you hope to achieve upon graduation from your related health program of study. Please attach as a .Word or .PDF document.

- Current resume/CV**

- Two reference letters that speak to your character and how your life has been impacted by mental health:**

- One letter of support from a teacher/professor, guidance counsellor or other school representative on official letterhead.
- One letter of support from an employer, volunteer organization, social worker/counsellor or individual (non-family member) who has known you for at least two years, including telephone number.

Submitting your application

Save this document under your name (*YourName.pdf*) and send it, along with your supporting documents, to MHF@MedavieHealthFoundation.ca.

SAVE FORM

RESET FORM

Applications are accepted until June 30, 2017.

The award of this scholarship will be publically announced. By applying for this scholarship, we reserve the right to publish the award recipient's name and information.



Scholarship application checklist

- Completed Application Form
- Personal Essay (*PDF/Word*)
- Resume/CV (*PDF/Word*)
- Two letters of reference (*PDF/Word*)

Thank you for your application.