

# Ralph & Virginia Thomas Memorial Health Care Aide Award

## CRITERIA & CHECKLIST

[www.ucn.ca/awards](http://www.ucn.ca/awards)

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The Ralph & Virginia Thomas Memorial Health Care Aide Award is open to all students who are enrolled full-time in the Health Care Aide program at University College of the North The Pas Campus. Selection is based on acceptable academic performance (GPA of 2.5 or higher) and excellence in patient care.

Applicants are required to submit a completed UCN Ralph & Virginia Thomas Memorial Health Care Aide Award application, provide a current copy of their university/college unofficial transcript(s) -if grades are unavailable have instructors sign their name by the WIP to confirm regular attendance and provide a letter of reference from an instructor or health care professional who can attest to their demonstrated excellence in patient care. This award is donated by the children of the late Ralph & Virginia Thomas. Deadline for application is **June 12, 2024 at 4:30 pm (CST)**; awards: 1; award amount: \$150.

### *Specific Instruction*

Completed UCN Ralph & Virginia Thomas Memorial Health Care Aide Award application and required documentation must be received by 4:30 pm (CST) on June 12, 2024. The completed application package can be mailed/delivered to: University College of the North, Attention: Michelle Ballantyne, Financial Awards Officer, Box 3000, The Pas, Manitoba, R9A 1M7, or faxed to: (204) 627-8514.

For more information, please contact Michelle Ballantyne, Financial Awards Officer for University College of the North at (204) 627-8517 or e-mail [mballantyne@ucn.ca](mailto:mballantyne@ucn.ca).

### **CHECKLIST:**

- open to all students who are enrolled full-time in the Health Care Aide program at University College of the North The Pas Campus
- selection is based on acceptable academic performance (GPA of 2.5 or higher)
- selection is based on excellence in patient care
- applicants are required to provide a letter of reference from an instructor or health care professional who can attest to their demonstrated excellence in patient care
- applicants are required to submit a completed UCN Ralph & Virginia Thomas Memorial Health Care Aide Award application
- applicants are required to provide a current copy of their university/college unofficial transcript(s) -if grades are unavailable have instructors sign their name by the WIP to confirm regular attendance

**Note: Decisions made by the UCN Awards Committee are final and not subject to appeal. It is the student's responsibility to ensure all forms are filled out completely and the application package includes all supporting documents.**



University College  
of the North

**The Pas Campus & Regional Education and Training Centre Students**

Michelle Ballantyne, Financial Awards Officer  
Box 3000, The Pas, Manitoba, R9A 1M7  
Phone: (204) 627-8517 Fax: (204) 627-8514  
Toll-free: 1-866-627-8500 Extension: 8517

**Thompson Campus Students**

Emerald McKay, Learners' Assistance Centre Coordinator  
55 UCN Drive, Thompson, Manitoba, R8N 1L7  
Phone: (204) 677-6402 Fax: (204) 677-6416  
Toll-free: 1-866-677-6450 Extension: 6402

# Award, Bursary & Scholarship Application

**-PRINT ALL INFORMATION IN BLACK INK ONLY-**

**APPLICATION AVAILABLE IN ANOTHER FORMAT UPON REQUEST.**

Name of award applying for: <b>Ralph &amp; Virginia Thomas Memorial Health Care Aide Award</b>	Date: (yyyy/mm/dd)
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**PERSONAL INFORMATION**

Student number:	Social insurance number:	
First name:	Last name:	
Date of birth: (yyyy/mm/dd)	Gender:	
Permanent mailing address:		
City:	Province:	Postal code:
Phone: (H) ( ) (C) ( ) (W) ( )	E-mail:	

**EDUCATIONAL BACKGROUND**

University/college program of study:	Term:	Enrolled in: <input type="checkbox"/> Full-time studies <input type="checkbox"/> Part-time studies
Term GPA: (please attach current copy of unofficial transcript(s); if grades are unavailable have your instructors sign their name by the WIP to confirm regular attendance)	Course-load for term: %	Program length: (e.g. year 2 of 4 year program) year _____ of _____

**ADDITIONAL INFORMATION**

If there is any additional information that you would like the Awards Committee to be aware of, please submit a letter with your application.

I, \_\_\_\_\_ certify that the information given on this application form is complete and true in every respect; any false and/or omission of information will be sufficient cause for disqualifying my application from consideration. I understand that as an award applicant/recipient, the information on this application may be provided to the Awards Committee/Donor.

Please note: Any outstanding debt owed to University College of the North may be deducted from monetary awards.

Decisions made by the UCN Awards Committee are final and not subject to appeal. It is the student's responsibility to ensure all forms are filled out completely and the application package includes all supporting documents.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This personal information is being collected solely for use by the UCN Awards Committee comprised of instructors, staff, an elder and student at UCN. This information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection contact the FIPPA Coordinator, Box 3000, University College of the North, The Pas, Manitoba, R9A 1M7, Phone 204-627-8500. Rev. 12/14/23