

Association of Allied Health Professionals
 Dorset Building, 6 Mount Carson Avenue, Mount Pearl, NL A1N 3K4
 Phone: (709)722-3353 toll free: 1-800-728-2247
 Fax: (709)722-0987 email: sking@aahp.nf.ca

Please read the guidelines carefully before filling out your application. Incomplete or incorrectly completed applications will be rejected without notice to the applicant. If you have any questions about the application form, please call AAHP Office for assistance. Completed applications MUST be received at AAHP Office by midnight on September 30.

Please Print Clearly

Section 1: Member Information			
Name of Member sponsoring this application: _____			
Last	First	Initial	
Address: _____			
Street/Box No.	City/Town	Postal Code	
Telephone: (home) _____ (work) _____ (fax) _____ (email) _____			
Relationship to Student: _____			
Employer: _____		Profession: _____	
Manager/Director: _____		Phone: _____	
Employment Status: <input type="checkbox"/> Permanent Full-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Job Sharing <input type="checkbox"/> Casual			
Date of Employment: _____			
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Section II – Student Information (dependent child of member)			
Name of Student : _____			
Last	First	Initial	
Mailing Address: _____			
Street/Box No.	City/Town	Postal Code	
Telephone: (home) _____ (work) _____ (fax) _____ (email) _____			
Date of Birth: _____			
Month/Date/Year			
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Section III – Program Information			
Are you currently enrolled in a Post Secondary Institute: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes – attach necessary receipts and proof of registration			
If No, when do you plan to enroll: _____			
Institute student is/will be attending: _____			
NAME			
Street/Box No.	City/Town	Postal Code	
Diploma/Degree expected: _____ Expected Date of Completion : _____			

We certify that the above information is true and correct. We hereby authorize the Association of Allied Health Professionals Education Committee to validate any of the aforementioned information if required.

 Member's Signature

 Date

 Student's Signature

 Date

For Office Use Only:		
Date became AAHP Member: _____	Membership No.: _____	Date Application Received: (Stamp Here)
Verification of Active Membership:		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Current Employer: _____		
Seniority: _____		
Date Last Dues Paid: _____		
Current Status: _____		
Checked by : _____		

AAHP Scholarship Award Program for Children of Members

1. Eligibility to Apply: –

- ❑ Must be a dependent child¹ of an active² AAHP member.
- ❑ Only one application accepted per applicant (student). No restrictions on number of applications from one family. (Example: If AAHP member has more than one child eligible to apply – each child may apply).
- ❑ Applicants must be currently enrolled or plan to enroll in at least 2 courses in a post secondary institution by September 30 of the following year.
- ❑ Scholarship recipients must be 25 years of age or under by December 31 in the year the Scholarship is awarded.

2. Scholarship Amount

- ❑ Five scholarships valued at Five Hundred Dollars (\$500) each will be awarded, for a total of Twenty-five hundred dollars (\$2500) annually.

3. Selection Process

- ❑ Recipients will be selected on a lottery style basis conducted by the Education Committee.
- ❑ All portions of application must be completed. Incomplete or incorrectly completed applications will be rejected.
- ❑ No confirmation of receipt will be sent to applicants.
- ❑ Deadline for Applications to be received at AAHP Office is September 30 of each year.
- ❑ Scholarship winners will be drawn within 30 days of the deadline.

4. Requirements to Receive Scholarship.

- ❑ Applicant must be registered in two or more courses per semester at a recognized post-secondary program leading to a degree or diploma.
- ❑ Scholarship cheques will only be disbursed upon proof of registration, which must be received by the AAHP Education Committee by September 30 of the following year.
- ❑ If applicant does not register in a post secondary program or if the required documentation is not forwarded to AAHP by September 30 of the following year, the scholarship will be forfeited. Forfeited monies will be forwarded to the next Scholarship award.
- ❑ Applicants may only receive one \$500 scholarship in a lifetime. Subject to eligibility, unsuccessful applicants may reapply to subsequent draws.

5. Rights Reserved

- ❑ The AAHP Education Committee reserves the right to amend, alter, add or delete any of these rules and procedures, with the approval of the AAHP Executive, as it deems necessary for the efficient and fiduciary operating of the Scholarship Award Program.
- ❑ Responsibility for conducting the lottery and resolving any dispute in regard to eligibility or interpretation of these guidelines rests exclusively with the AAHP Education Committee.

¹ Dependent child means:

- (1) a legal child of the AAHP member;
- (2) a child of a spouse – spouse must living with the AAHP member and spouse must have custody of child.
- (3) a child of a common law relationship, if the common law relationship has existed for at least 12 months.

² Active member means the member must be an employee with one of the employers covered by the AAHP agreement and earning seniority at the time the selection is conducted.