



Bermuda  
Cancer and  
Health Centre

DETECTION PREVENTION SUPPORT

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## **2012 Scholarship Package**

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# Guideline for Applicants

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## About the Bermuda Cancer and Health Scholarship

The objective of the Bermuda Cancer and Health Scholarship is to assist Bermudian students interested in a career in the health care field at a recognized and/or accredited institution.

Recipients of the Bermuda Cancer and Health Scholarship will be awarded up to \$15,000 annually towards education and tuition costs to a college or university abroad, which will be subject to the receipt of satisfactory grades at the end of each academic year. Applicants must show financial need.

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## Application Process

Applications will be available in January of each year and must be submitted no later than June 1<sup>st</sup> of the same year.

Completed applications are to be submitted to: The Scholarship Committee, Bermuda Cancer and Health Centre and can be delivered by hand or mailed, addresses provided below.

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## Full Terms and Conditions

1. Applicants must be at least 18 years of age or older.
2. Applicants must demonstrate a sincere and committed desire to become qualified in the healthcare industry. Preference will be given to those specializing in cancer related healthcare.
3. Applicants will be selected based on academic achievement (GPA 2.5+), non-academic pursuits and financial need.
4. Applicants must provide a letter of acceptance to an accredited institution outside of Bermuda on a full time basis.
5. Scholarship funds must be used for tuition costs, education supplies, or room and board at the place of study. Funds shall not be used for any other purposes.
6. Recipients of the Bermuda Cancer and Health Scholarship shall receive up to \$15,000 a year, subject to the continued satisfaction of the applicable terms and conditions provided herein.
7. The Scholarship Administrator shall receive a letter at the end of each academic year from the recipient stating progress and interests developed during the previous academic year.
8. A copy of the recipient's full academic transcripts must be provided at the end of each academic year.
9. Each recipient is required to volunteer 20 hours per year with Bermuda Cancer and Health Centre. Volunteer hours can be completed in Bermuda or overseas and projects will vary depending on the recipient's studies.
10. Bermuda Cancer and Health Centre reserves the right to refuse the provision of funding to any applicant without giving reason.

11. Bermuda Cancer and Health Centre reserves the right to withdraw the scholarship if the recipient is not adhering to the terms and conditions herein.
12. Bermuda Cancer and Health Centre reserves the right not to award this scholarship in any given year at the discretion of the Scholarship Committee.

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### **Required Documentation**

- Completed application form
- Completed short essay questions #1-4
- Completed activities chart
- Applicant's appraisal form
- Two reference letters
- Original academic transcripts and copies of academic certificates
- Acceptance Letter
- Letter from college stating tuition costs
- Statement of Financial Need
- Statement of income and expenses
- A copy of applicant's birth certificate
- Passport size photo

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### **Contact Information**

Main Telephone Number 441-236-1001

Main Fax Number 441-236-0880

Physical Location

46 Point Finger Rd.  
Paget DV 04

Mailing Address

Bermuda Cancer and Health Centre  
P.O. Box HM 1562  
Hamilton HM FX  
Bermuda

Email: [scholarship@chc.bm](mailto:scholarship@chc.bm)

[www.chc.bm](http://www.chc.bm)

# Application Form

## Applicant's Information

Full Name:

Mailing Address:

Telephone:

Day:

Evening:

Date of Birth:

Name of Parent or Guardian:

## Schools Attended

Secondary:

From:

To:

College / University:

From:

To:

## College / University scholarship is to be applied to

Name of Institution:

Date of Acceptance:

Programme Name:

Graduate

Undergraduate

Please list all licenses, certificates and/or professional designations if applicable:

Please report and explain how any family or personal financial circumstances have prompted you to apply for this scholarship (150 words maximum).

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# Applicant Appraisal Form

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## Applicant

This section is required as part of the completed application package and is to be completed by a school counsellor/advisor, an instructor, or work supervisor who knows you well.

Name: \_\_\_\_\_

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## Appraiser

You have been asked to provide information in support of a scholarship applicant. Please give immediate and serious attention to your appraisal of this applicant. The appraisal is to be completed on your School/Organisation's letterhead and is to be returned along with this form in a sealed envelope to the applicant for submission.

Appraiser's Name:

Title:

Name of School / Organisation:

Address:

Contact #:

Email:

Based on your relationship with this applicant, please state why you feel the applicant would be a deserving recipient of a scholarship towards tuition of their medical education with the goal of pursuing a career in cancer/health care.

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## **Required Short Essays #1 and #2**

Name: \_\_\_\_\_

Limit your answer for each short essay to 150 words maximum. Place two short essay answers on a page.

Double-space your lines, use white paper, 10-12 pt. type size, and an easily readable font (e.g., Times New Roman).

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**Required Short Essay #1 – Explain your career aspirations and your educational plan to meet these goals,**

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**Required Short Essay #2 – Describe a challenge or obstacle you faced in the last ten years. What did you learn about yourself from this experience?**

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## Required Short Essays #3 and #4

Name: \_\_\_\_\_

Limit your answer for each short essay to 150 words maximum. Place two short essay answers on a page.

Double-space your lines, use white paper, 10-12 pt. type size, and an easily readable font (e.g., Times New Roman).

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**Required Short Essay #3 – Describe a personal accomplishment and the strengths and skills you used to achieve it.**

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**Required Short Essay #4 – Explain how you have helped your family or made your community a better place to live. Please provide specific examples.**

# Activities Chart

Name: \_\_\_\_\_

Required – Provide an overview of your activities over the last two years.

	Dates From-To	Time Spent		Responsibility / Accomplishments
		Hours per Wk / Month	Total Hours	
<b>A. School / Family / Community Activities</b>				
<b>B. Volunteer Services</b>				
<b>c. Work for Pay</b>				

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## Check List

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### Required Documentation

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- Acceptance Letter
- Letter from college stating tuition costs
- Statement of Financial Need
- Statement of income and expenses
- A copy of applicant's birth certificate
- Passport size photo

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### Submission Process

Completed application package are to be submitted directly to Bermuda Cancer and Health Centre no later than June 1<sup>st</sup>:

BY HAND to:

Scholarship Committee  
Bermuda Cancer and Health Centre  
46 Point Finger Rd.  
Paget DV 04  
Bermuda

BY MAIL to:

Scholarship Committee  
Bermuda Cancer and Health Centre  
P.O. Box HM 1562  
Hamilton HM FX  
Bermuda

## **Bermuda Cancer and Health Centre**

Bermuda Cancer and Health Centre is a non-profit organization committed to improving the quality of life of recently diagnosed cancer patients, survivors and their families.

Our mission statement is:

- To Educate our community about prevention and early detection of cancer and other health issues impacting Bermuda.
- To Promote a healthy and productive lifestyle.
- To Provide access to early detection screening, health supplies, information and educational services.
- To Enable and Empower our community, and so positively impact on the incidence of cancer and the promotion of wellness in Bermuda.