

## Dr. S.S. Toni Scholarship Application – 2024

Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
(Street Address or Section, Township, Range)

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Education Standing: \_\_\_\_\_

Have you proof of acceptance into the career/course of choice?

Yes     No

Name of course or career: \_\_\_\_\_

Reason for Career chosen: (for more space use back of application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start date of course: \_\_\_\_\_ Length of course: \_\_\_\_\_

Expected completion date: \_\_\_\_\_

Present estimated annual income: \_\_\_\_\_

Estimated cost of course (tuition, books, etc.): \_\_\_\_\_

References of previous employer, teacher and/or principal:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

All above information will be treated in strict confidence.

Complete and return by May 10<sup>th</sup>, 2024 to:

Altona & District Health Care Board

Attention: Michael Rempel

PO Box 270 Altona MB R0G 0B0

Or send via email to [michael.rempel@rhinelandmb.ca](mailto:michael.rempel@rhinelandmb.ca)