

The Lillian H. Parsons Bursary

In recognition of her over 36 years of faithful service as Executive Director of Oakville-Trafalgar Memorial Hospital, the Board of Governors announced the establishment of The Lillian H. Parsons Bursary on January 18, 1987.

Made possible through the generosity of her many friends and associates, the Bursary Fund consists of contributions made toward a gift for Lillian "Joy" Parsons upon her retirement. She is an enthusiastic supporter of the program and an active participant in its operation. The cash awards are intended for children of OTMH employees pursuing post-secondary education in any field.

A special committee of the Oakville Hospital Foundation supervises the Bursary, evaluates applications and makes presentations at the Hospital's Annual Meeting.

We hope that the fund will continue to grow through contributions and future fundraising activities.

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Terms and Conditions

A. ELIGIBILITY

1. Those eligible to apply for the Bursaries would be children, or step-children, or under the guardianship of:
 - a) an employee of OTMH (**Oakville site only**) for a minimum of two (2) years as at April 1 in the year of the application, with a minimum aggregate of 1,200 hours;
 - b) a person who, immediately prior to death, retirement or going on long term disability had been employed by OTMH (**Oakville site only**), with continuous service for a minimum of two (2) years as at April 1 in the year of the application, with a minimum aggregate of 1,200 hours.
2. An interruption in employment, provided that reinstatement is in accordance with current hospital policy, will not be considered to have broken the continuity of service as set out above.
3. No candidate who has won a Lillian H. Parsons Bursary is eligible for a further award.
4. The Bursaries are only available to applicants who are pursuing their first undergraduate program at a **Canadian** University or Community College.

B. CRITERIA FOR SELECTION

1. Applicants must have obtained a minimum average mark of 70% in their final two semesters in order to qualify.
2. Extracurricular and community involvement will be considered.
3. Finalists will be interviewed by the Parsons Bursary Selection Committee

C. COMPOSITION OF SELECTION COMMITTEE

The selection committee will be members of the Lillian H. Parsons Bursary Committee appointed by the Board of Directors of the Oakville Hospital Foundation.

D. APPLICATIONS

1. Application forms will be available in hard copy and via email from the Oakville Hospital Foundation and Human Resource Department and must be submitted to the Foundation by the date specified on the application form.
2. Awards will be made conditional upon the applicants being accepted into, or continuing in, a program of their choice at a **Canadian** University or Community College as at September of the year of application to OTMH or as at the following January.
3. Applicants will be notified of the Committee's decision via letter.

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PLEASE NOTE:

**This application is to be typed or clearly printed
in BLACK reproducible ink.**

**Do not write on the reverse of any page -
add another sheet if necessary.**

Name	
Address	
City	
Province, Postal Code	
Telephone Number	
Date of Birth	
Email Address	
Social Insurance Number (For the purpose of T4A)	

Please indicate upon whose employment status you wish to base your application:

- Mother** **Father** **Stepmother**
 Stepfather **Guardian**

Full Name of this Person	
Address	
City	
Province, Postal Code	
Telephone Number	
Department	

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1. Please provide particulars of secondary schools, colleges and/or universities attended:

Name, City & Province of School, College or University	Attendance Dates	Graduation Date	Name of Principal
1.	to		
2.	to		
3.	to		

2. If you are not attending secondary school, college or university, how are you presently engaged?

3. Do you feel that your high school/college/university grades are an accurate reflection of your ability?

Yes

No

4. Will this bursary assist you in:

Entering College or University

Continuing College or University

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9. The Lillian H. Parsons Bursary Committee wishes to know about the activities in which you participated during your 4 years of high school/college/university. Please describe these activities under the following headings: (If additional space is required, please add another sheet.)

A. School Related Activities

Activities	Position Held	Hours Spent/Week	Year of Participation

B. Non-School Related Activities (i.e. sports, drama, music, arts, clubs, etc.)

Activities	Position Held	Hours Spent/Week	Year of Participation

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C. Volunteer Activities (for which you were not paid)

Activities	Position Held	Hours Spent/Week	Year of Participation

Total Number of hours you volunteered in the past 2 years _____.

D. Work Activities (during the past three years, either for your family at home, or outside employers, for which you were paid).

Employer	Position Held	Hours Spent/Week	Year of Participation

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10. What are your favourite recreational activities?

11. What are your hobbies?

12. Have you received any special recognition in connection with your recreational activities or hobbies? If yes, please indicate what these were.

13. State the educational and career objectives for which you want to prepare yourself by attending college or university and the reason why you decided on these things.

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14. In 50 words or less, write any additional thoughts you would like to share with the committee.

15. a) If you are presently at high school and intend to enroll in a community college or a university, please include original/photocopy of transcript of marks obtained from your most recently completed FULL academic year and any subsequent mid-term examinations.
- b) If you are presently attending a community college or university and are in first year, please include original/photocopy of transcript of marks obtained from your most recently completed HIGH SCHOOL FULL academic year and any subsequent mid-term examinations at community college or university. Please remember that IT IS YOUR RESPONSIBILITY to obtain the transcripts and these must accompany your application.
- c) If you are presently attending a community college or a university and are in second year, please include original/photocopy of transcript of marks obtained from your most recently completed college/university FULL academic year, and any subsequent mid-term examinations at college/university. Please remember that IT IS YOUR RESPONSIBILITY to obtain the transcripts of marks and these must accompany your application.
16. Please include current letters of reference (not relatives), addressed to the Parsons Bursary Committee.
17. Finalists will be interviewed by the selection committee if deemed necessary.

REMEMBER: *Your application is not complete unless all transcripts and letters of reference are included.*

Applicant's
Signature _____ Date _____

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Student Checklist

Please ensure that all components of the application form are complete. If any component is missing, the application will not be considered for Bursary acceptance.

- You are the son/daughter of an **Oakville Hospital** employee
- Your parent has worked at the **Oakville Hospital** for a minimum of 2 years as of April 1st, 2012 with a minimum aggregate of 1,200 hours
- You have **NOT** won a Parsons Bursary in the past
- You have a minimum average of 70% in your final two semesters
- You have been accepted to a **Canadian** college or university or are continuing in your first undergraduate program at a **Canadian** college or university
- You have completed all questions from 1 – 14 in the student application form
- You have included a copy of your transcript of marks
- You have included two **current** letters of reference
- You have ensured that the Report from the High School Principal has been completed and submitted to the Oakville Hospital Foundation office

Select applicants will be interviewed by the Parsons Bursary Committee prior to final decision. Applicants will be notified of the Committee's decision via letter.

**PLEASE RETURN THE COMPLETED APPLICATION FORM BY
5PM ON FRIDAY APRIL 6th, 2012
VIA MAIL, EMAIL OR FAX TO:**

**The Lillian H. Parsons Bursary Committee
c/o Oakville Hospital Foundation
Aleta Mayer
327 Reynolds Street
Oakville, ON L6J 3L7
FAX: 905-257-6758
EMAIL: amayer@haltonhealthcare.on.ca**

Receipt of your application will be acknowledged by letter.

Good luck!

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DEAR APPLICANT:

PLEASE BRING THIS FORM TO YOUR HIGH SCHOOL PRINCIPAL FOR COMPLETION.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR PRINCIPAL RETURN THE FORM TO THE HOSPITAL VIA EMAIL, MAIL OR FAX BY THE DEADLINE DATE OF:

FRIDAY APRIL 6th, 2012

WE WILL BE UNABLE TO CONSIDER YOUR APPLICATION WITHOUT THIS INFORMATION.

THANK YOU AND GOOD LUCK!

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REPORT FROM HIGH SCHOOL PRINCIPAL

Please fill out in reproducible **BLACK INK** and return by: **APRIL 6th, 2012**

The Bursary Committee places great importance on this report and thanks you for taking the time to fill this out carefully.

1. Name of Applicant: _____
Address: _____
_____ Postal Code _____

2. Name of School: _____
Address: _____
_____ Postal Code _____

3. When did applicant enter school? _____

4. When will applicant graduate? _____

5. To be eligible for this bursary, applicants must have an average of 70% or better in their final two semesters of secondary education.

Do you believe that this applicant is eligible under this rule?

Yes

No

If you have answered "no" to the above, please omit items 6 to 8 and return questionnaire to the Bursary Committee.

6. Has applicant shown any outstanding scholastic aptitude?

Yes

No

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Name of Principal: _____

Signature _____ Date _____

Mail to:
The Lillian H. Parsons Bursary Committee
c/o Oakville Hospital Foundation
327 Reynolds Street, Oakville, ON L6J 3L7
Fax: 905-257-6758 Email: amayer@haltonhealthcare.on.ca