NELS, ANNA, AND EVELYN DAHL
NURSING EDUCATION FUND AWARD

With the passing of Evelyn-Dahl-Esplin in January, 2004, the NELS, ANNA, AND EVELYN DAHL NURSING EDUCATION FUND AWARD was born.

As part of her bequest, Evelyn made a commitment to the support of a profession she loved. Evelyn was a registered nurse, trained at the Hospital for Sick Children in Toronto, from which she graduated in 1952. She worked in all aspects of nursing. Humber Memorial Hospital in Toronto asked her to establish the first school of registered nursing assistants in Canada, which she did. She was the first to accept a male student into a Canadian nursing school and was also the first to accept four students from Barbados. In addition, Evelyn was instrumental in the fight for the rights of the deaf and hearing-impaired.

Evelyn’s parents, Nels and Anna Dahl, were generous people, helping those less fortunate and working to improve local health care delivery in the Birch Hills area. Evelyn carries on their family legacy by establishing The Nels, Anna, And Evelyn Dahl Nursing Education Fund.

PURPOSE
The fund was established to provide financial support for an Aboriginal student from Saskatchewan pursuing post-secondary studies in Nursing. For the purpose of this award, Aboriginal is understood to include status Indians, non-status Indians, as well as Metis.

ADMINISTRATION
NELS, ANNA, AND EVELYN DAHL NURSING EDUCATION FUND AWARD is administered by The Saskatoon Foundation. A selection committee reviews the applications and recommends award recipients for Board approval. Decisions are final and not subject to appeal.

SCHOLARSHIP AWARD
This Fund provides one annual award (the amount will vary due to investment income, but is anticipated to be a minimum of $3,000) to be used to assist the successful applicant in receiving education and training at a not-for-profit post-secondary institution of his or her choice. The award is made on the basis of the criteria listed below. The successful applicant will be chosen by a selection committee. The committee will determine the standards which applicants must meet. The winner will be announced at an appropriate time.

PROVISION OF THE AWARD
One scholarship will be paid annually. The scholarship award is endowed with The Saskatoon Foundation in perpetuity and will not be retired.

ELIGIBILITY OF CANDIDATES
1. Candidates shall be Saskatchewan residents of Aboriginal ancestry, either status or non-status Indian or Metis.
2. Applicants should have an academic average of at least 70% or be mature students with a commitment to succeed.
3. The scholarship recipient will forfeit the award should s/he be unable to provide a written confirmation of enrolment from the post-secondary institution s/he plans to attend by December 15th in the year of the award. In this case, the runner-up shall be awarded the scholarship.
4. While the Selection Committee shall use the above criteria to determine who is eligible for the award, the decision is at the committee’s discretion.
NELS, ANNA, AND EVELYN DAHL NURSING EDUCATION FUND
APPLICATION

Application Deadline: June 15th

General Information:

Name of Applicant: ____________________________________________________________________________
Family                                        First                                        Middle
Address: ____________________________________________________________________________________
______________________________________________________  Postal Code: ________________________
Home Phone: _______________________________  Cellular Phone: ___________________________
E-mail Address: ____________________________________________________________________________
Please declare your ancestry: Status Indian □  Non-status Indian □  Metis □

Education:

Institution, Location    Diploma, Certificate, Degree  Date Completed
_____________________________________    ______________________________     _____________
_____________________________________    ______________________________     _____________
_____________________________________    ______________________________     _____________

Program Information:

Which post-secondary Nursing school do you plan to attend: __________________________
_____________________________________________________________________________________
Address/City: _____________________________________________________________________________
Date studies will commence: ________________________________________________________________
Anticipated completion date: ________________________________________________________________
Duration of program: ________________________________________________________________
Are you registered in:      full time studies □  part-time studies □
Has your application to the program been accepted: yes □  no □
If “no” when do you expect to find out: _____________________________________________________
What year of study will you enter: __________________________________________________________

Reference:
Please attach a letter of recommendation to this application. This letter is provided by:
Name: ________________________________________________________________________________
Organization: __________________________________________________________________________
Address: ________________________________________________________________________________
Postal Code: ____________________________  Work Phone Number: ____________________________
Home Phone: ____________________________

Goals:
Please submit a statement on a separate page that describes your future goals and why
you want to become a nurse.
PLEASE ENCLOSE THE FOLLOWING INFORMATION WITH YOUR COMPLETED APPLICATION:

1. Most recent certified transcript of marks.
2. A resume, if mature student.
4. Statement of goals.
5. OPTIONAL - Other documentation you deem important in support of your application. This may include certificates of participation, family or extenuating circumstances applicable to your situation, etc.

Application forms can be found on our website
www.saskatooncommunityfoundation.ca

I certify that the information given on this application and supporting documents are true and correct to the best of my knowledge.

Signature: _____________________________ Date: ________________

PLEASE SUBMIT YOUR APPLICATION NO LATER THAN JUNE 15TH TO
Saskatoon Community Foundation
#101, 308 Fourth Avenue North
Saskatoon SK S7K 2L7