

Summit College Medical Office Administration Scholarship Award

(Guelph Campus)

SUMIT COLLEGE Academic & Career Studies

Summit College Support Office

1119 Fennell Avenue East Unit 228 Hamilton, Ontario, L8T 1S2 1.877.262.2289 | Fax: 905.777.1458 www.SummitCollege.ca

Who is it for?

Summit College, Academic & Careers Studies is offering a scholarship award for the Medical Office Administration Diploma Program (Guelph Campus) commencing in September 2017 to a student who has demonstrated academic excellence and a strong commitment to continuous learning.

Who should apply?

To be considered for a scholarship, you must be:

• A Canadian citizen or a permanent resident of Canada

Scholarship Details

For 2017, the Academic Excellence Scholarship Award is valued at \$8,000 which will be deducted from your tuition fee during enrolment. The scholarship is applicable at Summit Guelph location only.

Selection Criteria

The decision to grant a scholarship is based on the following criteria:

• Letter of reference

A letter of reference from a teacher, guidance counsellor, coach, employer, community leader, social worker or religious leader who can support your application

• A personal statement, 500 words minimum, detailing why you should be selected as the recipient of the Academic Excellence Scholarship Award for the Medical Office Administration Diploma and details of your long-term goals

Application Deadline

Friday, 18 August 2017



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Application Procedure

- 1. Complete the scholarship application form and attach the following supporting documentation:
 - a. Scholarship application form
 - b. Proof Canadian Citizenship or Permanent Residence in Canada
 - c. A letter of reference as described in the criteria above
 - d. A personal statement, 500 words minimum as described in the criteria above
- 2. Send your completed application and supporting documents by the application deadline via one of the following methods
 - a. ONLINE

Send your application by email at admissions@summitcollege.ca

b. MAIL

Please mail to:

Summit College Support Office 228 – 1119 Fennell Avenue East Hamilton, Ontario L8T 1S2

3. All final decisions will be made by Summit College, Academic & Career Studies. Potential scholarship recipients must agree to the scholarship terms and conditions.



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Scholarship Terms and Conditions

- 1. Potential scholarship recipients (and in the case of minors, a parent or legal guardian) will be required to sign a Declaration of Compliance, Publicity and Liability Release before being awarded a scholarship. The signed declaration will include the recipient's consent to the use of their name, city and province or territory of residence and photograph, without further compensation, in any publicity carried out by Summit Learning Centres o/a Summit College in respect of the Scholarship Program. The signed Declaration of Compliance must be returned within any specified timeframe or the application may be disqualified.
- 2. Summit College reserves the right, in its sole discretion, to modify, amend or cancel this Scholarship Program at any time without individual notice.
- 3. By entering this Scholarship competition I agree to be bound by these terms and conditions, the records of Summit College and the decisions of the Scholarship competition judges, which records and decisions shall be deemed final, conclusive and binding in all matters.
- 4. I certify that all the information provided on this application form and in all the accompanying documents is true, accurate, and complete to the best of my knowledge. I understand that the provision of false information will render me ineligible for this scholarship.
- 5. By submitting this Scholarship application, I hereby authorize Summit College and its employees, agents, contractors and those of its affiliates to release any information provided in or relating to my Scholarship application to its representatives, the scholarship judges and their respective representatives who need to know such information for purposes of administering and promoting this program. The selection committee will use the information only for purposes of evaluating my scholarship application.
- 6. I hereby authorize third parties, such as universities, government or community sources to release information required for the Summit College Academic Excellence Scholarship Award, and their respective representatives who need to know such information for purposes of administering the Summit College Scholarship. This information may include personal evaluations, verification that student information is correct and official transcripts.
- 7. I understand and agree that Summit College will use information gathered in connection with scholarship applications in aggregate and anonymous form for reporting and statistical purposes. The aggregate and anonymous information may also be used for the Scholarship publicity or promotional purposes.
- 8. In the event that I am a Scholarship recipient, I grant to Summit College the right to use my name, likeness, city and province of residence, post-secondary program name and any direct quotes made by me in respect to the Scholarship for publicity purposes without further compensation.
- 9. Any personal information that you provide to Summit College in relation to the scholarships will be used solely for (1) the administration of the Program, (2) media releases and other public relations materials in relation to the promotion of the scholarship, and (3) in the aggregate and anonymous form for reporting and statistical purposes. Summit College will not (i) sell your personal information to third parties, (ii) will store it in a secure manner, and may employ third parties to store the information outside of Canada, and (iii) will destroy it once it is no longer needed for the purposes of the Program. By completing the application, you consent to the collection, use and disclosure of your personal information for those purposes. If you are selected for a scholarship, then you also consent to the collection, use and disclosure of your personal information for the above purposes.



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STUDENT INFORMATION											
Last Name	:				F	irst Na	me:				
Gender:	Male	□ F	Female Date of bir				MMYY	Y):			
Status in C	: Ca	Canadian Citizen □			Permanent Residen			t □ Other: □			
Address:											
Town/City:						ince:			Postal Code:		
Phone Nur						Cell Phone Number:					
Email Address:											
Parent/Guardian:						Parent/Guardian Phone:					
Secondary School Attended:											
Secondary School Graduation Year:											
Overall Final Average:											
Awards an Recognitio											
Application Checklist: □ Copy of Canadian Citizenship or Permanent Residence in Canada □ Letter of reference □ Personal statement, 500 words minimum											
If awarded a scholarship, I agree to allow my name, photograph and statement to be published by Summit Learning Centres Inc. o/a Summit College Academic & Career Studies.											
Signed								Date			