

## Alberta Blue Cross Health and Wellness Graduate Award

**Donor:** Alberta Blue Cross  
**Value:** \$1500  
**Number:** One (1)

### Description of the Award

Alberta Blue Cross Health and Wellness Graduate Award was established to support the study of health promotion, community involvement and careers in health and wellness among AU graduate students enrolled in the Master of Counselling, Master of Health Studies or Master of Nursing program.

### Conditions of Eligibility

An applicant must meet the following criteria to be eligible for this award:

- Active Program Student in MC, MHS or MN
- Has successfully completed at least 6 AU graduate courses applicable to their program of study
- Resident of Alberta
- Has not been a previous recipient of the Alberta Blue Cross Health and Wellness Graduate Award

### Selection Criteria:

- Evaluation of essay submission (maximum 500 words) that is focused on public health, community health, health promotion, chronic disease management, mental wellness or physical well-being.
- Essay explains how their course work and/or thesis research supports health and wellness or how their graduate studies are assisting them in their employment in the field of health and wellness.

### Application Deadline:

November 15<sup>th</sup>

### Application Instructions:

Submit your application here: [Student Awards Application Submission](#) Or navigate back to award listing to submit

### Award Notification

Successful applicants should expect to be notified within one month of the selection committee convening to choose recipients.

### Questions?

Visit the Athabasca University Awards website located at: <http://www.athabascau.ca/registrar/studawrds.php>  
Email your inquiries to: [awardsinfo@athabascau.ca](mailto:awardsinfo@athabascau.ca) or call toll free: 1-800-788-9041 extension 6197 or 780-675-6197.

# Alberta Blue Cross Health and Wellness Graduate Award

Before completing this application form, please ensure that you meet all the eligibility criteria and that you can demonstrate the qualities of the selection criteria.

## A. PERSONAL INFORMATION

Athabasca University Student Identification Number:

Social Insurance Number:

Last Name:

First Name:

Middle Name:

Mailing Address 1:

Mailing Address 2:

City:

Province:

Postal Code:

Country:

Primary Telephone Number:

Alternate Telephone Number:

Email Address:

## B. CURRENT POST-SECONDARY EDUCATION INFORMATION

Complete the information requested below. Information will be verified with your student record and other sources, if required.

In which AU **Graduate program** are you enrolled?

How many AU credits have you completed towards your program?



### **C. SHORT ESSAY RESPONSE**

Please respond to the statement below. Limit your essay to maximum of 500 words. A missing essay will disqualify you.

- Focus your essay on mental and physical health and wellness in public health, community health, health promotion, or chronic disease management.
- Explain how your course work and/or thesis research supports health and wellness or how your graduate studies are assisting you in your employment in the field of health and wellness.

### **D. REQUIRED CERTIFICATION AND RELEASE**

I certify that the information provided in this application and in the accompanying documentation is true, accurate and complete. I authorize the provision of any information held or to be held by Athabasca University, and others relating to my application, including but not limited to personal evaluations and transcripts, to the Student Awards Unit of Athabasca University and the Selection Committee chosen for this scholarship. I understand and accept that: (1) such information will be used by the Student Awards Unit and the awards selection committee of Athabasca University for the purposes of selection, for statistical analysis, and to facilitate ongoing administrative correspondence with applicants, necessary to further the objective of the Athabasca University Student Awards Program and to improve selection process; (2) the Athabasca University will not release application evaluation or the results of the evaluation process, except to inform me if my application has been accepted for an award; and (3) for all questions regarding my personal information held on file by the Athabasca University, including updates thereof, I may reach an Athabasca University representative through the contact information provided within this award package; and (4) if my application is selected for this award, I authorize the publication of my name and the name of the award received in reports to governing bodies of Athabasca University. I understand that should my application be selected for this award, I am subject to the reporting obligations of the Canada Revenue Agency regarding scholarships, fellowships, bursaries, study grants, and artists project grants. Finally, if my application is selected for this award, I will: (1) provide a thank you letter to the Student Awards Unit of Athabasca University to be forwarded to the donor of the award and (2) agree to a request for a photo opportunity should one be forthcoming.

Name of Applicant:

Date:

Your personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 and the *Post-Secondary Learning Act*, S.A. 2003, c. P-19.5.