

# Northern Lakes School

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## ATIKOKAN MEDICAL CLINIC SCHOLARSHIP

1. The Atikokan Medical Clinic will award one scholarship of \$1,000 (or 2 of \$500) to a deserving student of Northern Lakes School who attends post secondary education at a College or University in a health care program.
2. The successful candidate will be presented with a certificate of notification at the annual commencement exercises. The actual award of \$1,000 (2 of \$500) will be forwarded to the student(s) once the Atikokan Medical Clinic have received proof of registration in a health care program for the second semester from the successful students.
3. Should the original bursary recipient decide against continuing his/her education, Northern Lakes School and Atikokan Medical Clinic wishes to be notified.
4. The Atikokan Medical Clinic may decide to select a deserving student from the original list of qualifying candidates.

1. Name of Applicant: \_\_\_\_\_
2. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completing this year: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. What further education do you intend to follow and at what school/ institution and program have you been accepted?  
\_\_\_\_\_

5. List your subject marks:

**First Semester  
Subject**

**Mark**

_____	_____
_____	_____
_____	_____
_____	_____

**Second Semester Midterm  
Subject**

**Mark**

_____	_____
_____	_____
_____	_____
_____	_____