



# Delta Hospital and Community Health Foundation Scholarship Guidelines & Criteria

## Introduction

Since 1988, Delta Hospital and Community Health Foundation (DHCH Foundation) has worked with the community to raise funds to support Delta Hospital. We are the public face and philanthropic arm of the Delta Hospital Campus of Care, raising the financial resources necessary to provide quality and innovative healthcare services, purchase much needed state-of-the-art equipment, fund capital projects and building improvements, and support ongoing education of medical staff that government funding alone cannot provide.

This scholarship of **\$2,000.00** is awarded annually to a deserving student pursuing post secondary education that has, through their actions, shown a caring and compassionate nature and actively serves the community.

Certain factors have a major bearing on an applicant's success, such as participation in extracurricular activities, engagement as a volunteer and demonstrated leadership capacity.

## Eligibility

Any Grade 12 student residing in, and attending school in Delta, who is advancing to post-secondary education to pursue a career in healthcare or philanthropy may apply. Relatives of DHCH Foundation staff or Board of Directors are ineligible.

## Documentation

The following documentation is required; in this order

1. The completed application form.
2. A personal letter from the applicant outlining the intended course of studies, the reasons for pursuing this career direction, the institute selected or being considered, and any significant contributions made to the school or community.
3. A copy of an official senior secondary school transcript of Grade 11 and Grade 12.
4. Three letters of reference; no more than two from the school.
5. Completed list of awards or certificates of achievement form.
6. Completed volunteer experience form.

**Please Note:** Applications and supporting documents must be assembled in the above order.



## Deadlines

Applications must be submitted to the Delta Hospital and Community Health Foundation office by **4:30 p.m. on Friday, April 24, 2026.**

The successful candidate will be notified by the Foundation's Annual Giving and Community Initiatives Manager. All other applicants will be subsequently advised in writing.

The scholarship will be awarded at the commencement ceremony at the successful candidate's high school. The scholarship award will be issued to the selected candidate upon confirmation of enrollment to the post-secondary institution.

## Submissions

Please complete and forward the attached application form and supporting documents by mail, email, or by dropping them off in person at the Foundation office.

**Drop off or Mail:** Shari Barr, Annual Giving and Community Initiatives Manager  
Delta Hospital and Community Health Foundation  
5800 Mountain View Blvd., Delta, BC V4K 3V6

**Email:** [shari.barr@dhchfoundation.ca](mailto:shari.barr@dhchfoundation.ca) with the subject line "DHCHF Scholarship Firstname\_Last Name". All submissions must be in one email with PDF attachments.



# Delta Hospital and Community Health Foundation Scholarship Application Form - 2026

**Forward To:** Shari Barr, Annual Giving and Community Initiatives Manager  
Delta Hospital and Community Health Foundation  
5800 Mountain View Blvd., Delta, BC V4K 3V6

## Application for Scholarship

**Applicant's Name:** \_\_\_\_\_  
Last Name First Name(s)

**Applicant's Address:** \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City Province Postal Code

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Documents Attached:	Checklist
Personal Letter	<input type="checkbox"/>
Copy of Grade 11 and 12 Transcripts	<input type="checkbox"/>
Reference Letters (3)	<input type="checkbox"/>
Completed Application Form	<input type="checkbox"/>
Volunteer Experience Form	<input type="checkbox"/>
List of Achievements Form	<input type="checkbox"/>

**Date of Application:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

*Deadline: Friday, April 24th, 2026, by 4:30 p.m.*



**Delta Hospital**  
+ Community Health  
**FOUNDATION**

## Delta Hospital and Community Health Foundation Volunteer Experience Form - 2026

<b>Date</b> <i>(Start Year - End Year)</i>	<b>Total Number of Hours</b>	<b>Organization Name</b>	<b>Volunteer Position and Duties Performed</b>



**Delta Hospital**  
+ Community Health  
**FOUNDATION**

<b>Date</b> <i>(Start Year - End Year)</i>	<b>Total Number of Hours</b>	<b>Organization Name</b>	<b>Volunteer Position and Duties Performed</b>

**Please Note:** Print more copies of this form if needed.

**Deadline:** Friday, April 24th, 2026, by 4:30 p.m.

