



# Robert T. Reynolds Memorial Scholarship Guidelines & Criteria

## Introduction

Mr. Robert T. Reynolds, one of Delta Hospital's first presidents and a member of Delta municipality's pioneer families, made an outstanding contribution to the community during his lifetime. Very active in the furtherance of sound and progressive agricultural policies and community works, he also dedicated much time and energy towards obtaining a hospital for Delta. His dedication and perseverance in the face of many obstacles was a major factor in the construction of the fine facility we are all so proud of today.

This scholarship of **\$2,000.00** is awarded annually in recognition of Robert T. Reynolds' exemplary service. Certain factors have a major bearing on an applicant's success, such as their participation in extracurricular activities, community volunteerism and school activities.

## Eligibility

Any Grade 12 student residing in, and attending school in Delta, who is advancing to post-secondary education. 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.



# Robert T. Reynolds Memorial 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:

- Personal Letter
- Copy of Grade 11 and 12 Transcripts
- Reference Letters (3)
- Completed Application Form
- Volunteer Experience Form
- List of Achievements Form

### Checklist

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

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

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



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

## Robert T. Reynolds Memorial Scholarship 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.

