

Advanced Care Paramedicine Student Achievement Award

Donor: Nolan and Sandra Baggett

Number of Awards: Two

Value: \$500 each

Criteria: Awarded to a student who:

- Is a student in the Advanced Care Paramedicine program at either Bay St. George or Prince Philip Drive Campuses.
- Have graduated from an accredited primary care paramedicine program
- Have attained 85% or higher weighted average for semester 2 as demonstrated by transcript
- Has demonstrated an understanding of the role paramedics may play in community illness and injury prevention and health care. This may be demonstrated by either submitting a written paper describing the community role of a paramedic, or by listing activities the paramedic student is active in.
- Demonstrates the attributes demanded of a paramedic, with particular emphasis on professionalism, ethical behavior, and leadership. This criterion may be validated by the student's classmates, program faculty, program preceptors, or others with direct knowledge of the student's conduct and deportment. As a minimum requirement for this criterion, the student must not have received any non-academic discipline during the first 2 semesters of the program.

An application form, a College Reference Form, and a current College Transcript. Deadline for applications is June 21, 2024. Application forms are available on the College website.

Please see application on next page.



Advanced Care Paramedicine Student Achievement Award

Application must be received by Student Services office by June 21, 2024

Name: _____	Student #: _____
Address: _____	
Phone #: _____	
E-mail: _____	
Program: _____	Advanced Care Paramedicine
Campus: _____	

Applicant Checklist:

- I am currently enrolled in Semester 3 of the Advanced Care Paramedicine Program
- A copy of my current College transcript is attached.
- College Reference Form is attached

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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, name, video, program and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Name: Print and Sign

Date

Please list your current involvement with the following community activities related to health care (ex: pre-hospital care, injury prevention, wellness, CPR, etc.):

Why do you feel it is important to be involved in your community as it relates to health care?