



**LAC LA RONGE INDIAN BAND
HEALTH SERVICES INC.**

Memorial Scholarship



Promoting Health Careers

GUIDELINES

**10th ANNUAL ELDER CATHERINE CHARLES
HEALTH CAREER SCHOLARSHIP FUND**

DEADLINE: FRIDAY, SEPTEMBER 12, 2025

Elder Catherine Charles Health Careers Scholarship Fund

Application Guidelines

INSTRUCTIONS

- **Read the Application Guidelines carefully before you submit your application.**
- **Submit a complete application package with all required supporting documentation.** Use the checklist below to ensure all supporting documentation is submitted, no late applications will be accepted after the deadline.
- If you have any questions, please call Anna Sanderson at the Lac La Ronge Indian Band Health Service Administration Office by telephone at (306) 425-9110, extension 235, or e-mail Anna.Sanderson@llribhs.ca
- Application Packages may be downloaded at www.llrib.org

ELDER CATHERINE CHARLES

Catherine Charles a deeply respected Elder from La Ronge joined the spirit world in November 2013. She was a humble woman who was grounded in family, community and her revered cultural heritage. She believed that physical and spiritual health are intimately bound together. Catherine was diagnosed with cancer in 1994, after which she began more extensive use of traditional medicines. She saw value in practicing the traditional ways of Indigenous healing in combination with modern medicine. In the early morning after her surgery, she saw an elderly woman planting flowers at the University Hospital's flower garden. She prayed and asked God to spare her life for another 10 years to do more community work and promised God she would offer her good character to "our people". Her life was spared more than 19 years.

Catherine's deep love and affection towards children and the community was notably shown by her commitment of time and effort to helping future generations. She was an active member of the Lac La Ronge Indian Band Health Committee and Board of Directors for over 20 years. This scholarship is awarded in her honour.

BACKGROUND

Lac La Ronge Indian Band Health Services provides services directly to the communities of La Ronge, Sucker River, Hall Lake, Grandmother's Bay and Little Red River in the areas of Community Health, Home & Community Care, Dental Therapy, Addictions/Mental Health, Special Care, Medical Transportation, and Finance and Administration support. Our environment is friendly, cordial and team-oriented and our programs and services are evolving to meet the needs of the Lac La Ronge Indian Band Membership.

APPLICATION DEADLINE

The deadline for the submission of this application is Friday, September 12, 2025. Fully completed application packages must contain all information and be post-marked, in the mail or dropped off at the LLRIB Health Services Jeannie Bird Clinic to the attention of the Elder Catherine Charles Health Careers Scholarship Committee or e-mailed to Anna.Sanderson@llribhs.ca by the specified deadline.

WHO IS ELIGIBLE TO APPLY?

You are eligible to apply for financial assistance if you are:

- ☒ A Lac La Ronge Indian Band member
- ☒ Completed a minimum of one year of study
- ☒ Enrolled as a full-time student at the post-secondary level in a program of study that is a minimum of two academic years at an accredited university or college and pursuing a diploma or degree.
- ☒ Studying a branch of the health sciences such as: nursing, dentistry, pharmacy, lab technology, physiotherapy, dietetics, nutrition, medicine, health administration, public health policy or another health related field.

AMOUNT OF SCHOLARSHIP AWARD

Scholarship: **Three Individual scholarship awards** are provided in the amount of **\$1,500** and qualified individuals may only be allocated one scholarship per academic year.

APPLICATION PROCESS

- 1) Scholarships are provided for the academic year that begins in the fall term (September) of the year of the application.
- 2) Applicants must provide the following supporting documentation with their application form:
 - ☒ **Proof of Membership** – all applicants must provide a photocopy of both the front and back of the valid LLRIB Treaty card.
 - ☒ **A Letter of Personal Introduction** to the Elder Catherine Charles Health Careers Scholarship Fund Committee (minimum of 500 words, maximum of 1,000 words) that includes the following:
 - Tell us about where you were born, grew up and about your family & community.
 - State your reason for choosing your field of study.
 - Demonstrate your contribution and involvement in the community. Preference will be given to individuals showing commitment to the community.
 - ☒ **Letter of Reference** from an Instructor.
 - ☒ **Letter of Reference** from a Community Elder.
 - ☒ **Confirmation of Enrolment** – Confirmation of enrolment can be provided through a letter from the Registrar's Office or Faculty Head that clearly states you are registered as a full-time student in current year of study.
 - ☒ **Original Official Transcript of your most recent marks or record of studies. Minimum average of 70%.**

ASSESSMENT CRITERIA

Scholarship Applicants Assessment Criteria: When assessing applications, the Scholarship Fund Committee uses the following criteria.

- ☒ Evidence of involvement and contribution to the community.
- ☒ Evidence of suitability and commitment to field of study.
- ☒ Demonstrated academic merit and performance.

NOTIFICATION

Successful applicants will be posted on the Lac La Ronge Indian Band website. All applicants will receive written notification of the Elder Catherine Charles Health Careers Scholarship Fund Committee's decision regarding their individual application.

CHECKLIST – Have you included the following in your Application Package?

- One LLRIB HS Elder Catherine Charles Health Careers Scholarship Fund Application Form fully completed and signed in the designated areas.
- Proof of Lac La Ronge Indian Band membership status. Photocopy of both sides of Status card.
- Letter of Personal Introduction (**minimum 500 words, maximum 1,000 words**).
- Letter of Reference from an Instructor.
- Letter of Reference from a Community Elder.
- Original Official Transcript (signed and stamped from the Registrar's Office) from your present or most recent academic year.
- Confirmation of enrolment as a full-time student for current year of study.

☒ Mail all information to:

**Lac La Ronge Indian Band Health Services Inc.
Attention: Elder Catherine Charles Health Careers Scholarship Committee
PO Box 1770, La Ronge, Saskatchewan, S0J 1L0**

Or drop off at:

**Lac La Ronge Indian Band Health Services
Jeannie Bird Clinic
334 Wilson Charles Street
Fairchild Reserve I.R. #156**



Or email to:

Anna Sanderson, Executive Assistant
Anna.Sanderson@llribhs.ca

For more information, please contact Anna Sanderson, Executive Assistant at Lac La Ronge Indian Band Health Services, Administration Office 306-425-9110.

LAC LA RONGE INDIAN BAND HEALTH SERVICES INC.

**ELDER CATHERINE CHARLES HEALTH CAREERS SCHOLARSHIP
FUND DEADLINE:**

FRIDAY, SEPTEMBER 12, 2025

Application Form

Reference the application Guidelines available on the Lac La Ronge Indian Band Website www.llrib.org for instructions on how to complete the application. Applications must be completed in blue or black ink.

Section 1 – INFORMATION SOURCE			
<input type="checkbox"/> College/University	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Family Member	<input type="checkbox"/> Financial Aid Office
<input type="checkbox"/> Friend	<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> In remote community	<input type="checkbox"/> In rural community
<input type="checkbox"/> In urban community	<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster, Brochure, Flyer
<input type="checkbox"/> Previous recipient	<input type="checkbox"/> Radio	<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Website
<input type="checkbox"/> Other (Please Identify)			

Section 2 – PERSONAL and CONTACT INFORMATION					
Family Name	Given Name(s)	Initial(s)	Date of Birth (dd/mm/yr)	Current Age	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Address While in School:					
Street Address					
City	Province/Territory	Postal Code	Area Code & Telephone # ()		
Mailing address you would like us to use:					
<input type="checkbox"/> School		Email Address (required)			
<input type="checkbox"/> Permanent		Alternative E-Mail Address			

Section 3 – EDUCATION			
Identify the institution you plan to attend?	Is this your last year in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? <i>(2024 Scholarship Fund will be applied to)</i> <div style="text-align: center;">1 2 3 4 5 6</div>	

<p>Length of program (in years)?</p> <p>1 2 3 4 5 6</p>	<p>Identify the Degree/Diploma that you will receive upon graduation.</p> <p> <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate </p> <p> <input type="checkbox"/> Other, specify _____ </p>																	
<p>Year you will complete your program?</p>	<p>What is the name of your program?</p>																	
<p>Start date this academic year (dd/mm/yr)</p>	<p>Finish date for this academic year (dd/mm/yr)</p>	<p>What job/career/occupation do you hope to have when you graduate?</p>																
<p>Please list the last three schools, colleges, or universities that you have attended.</p> <table border="1"> <thead> <tr> <th>FROM (mm/yr)</th> <th>TO (mm/yr)</th> <th>NAME OF INSTITUTION</th> <th>PROGRAM</th> <th>Degree/Diploma Granted</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="height: 100px;"></td> </tr> <tr> <td colspan="5" style="height: 100px;"></td> </tr> </tbody> </table>				FROM (mm/yr)	TO (mm/yr)	NAME OF INSTITUTION	PROGRAM	Degree/Diploma Granted										
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Section 4 – INVOLVEMENT and CONTRIBUTION to the COMMUNITY

This is an award for the Lac La Ronge Indian Band Members, therefore your involvement/engagement/participation in the community is of utmost importance.

Your letter of introduction should include the following:

- Tell us about where you were born, where you grew up and about your family & community.
- State your reason for choosing your field of study.
- Demonstrate your contribution and ongoing involvement in the community.

Section 5 –DECLARATION and CONSENT

My signature below confirms that:

☒ I am aware of the mandatory documents listed below are **due SEPTEMBER 12, 2025**, no exceptions or my application remains incomplete and will not be reviewed by the Scholarship Committee:

- One current LLRIB HS Health Careers Scholarship Application Form fully completed and signed in the designated areas.
- Proof of Lac La Ronge Indian Band Status.
- Letter of Personal Introduction (minimum 500 words, maximum 1,000 words).
- Letter of Reference from an Instructor.
- Letter of Reference from a Community Elder.
- Original Official Transcript from your present or most recent academic year. • Confirmation of enrolment that you are registered as a full-time student

☒ I have read and fully understand the guidelines that govern the application and Scholarship Committee process, and I have provided answers to all questions which apply to me.

☒ I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by e-mail, or telephone will disqualify my application and will affect my ability to access future funding.

☒ I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are received the LLRIB Health Services office by the deadline. For example: Official transcripts being mailed directly to LLRIB Health Services by the school.

Applicant's Signature: _____ Date: _____

FOR LLRIB HEALTH SERVICES INC. OFFICE USE ONLY

Most recent grade average is _____ OFFICIAL GRADE TRANSCRIPT MANDATORY

Contact LLRIB-Health Services by:	Mail Completed forms to:	Drop off at:
Tel: (306) 425-3600 Direct: (306) 425-9110 ext. 235 Cell: (306) 420-7053 Email: Anna.Sanderson@llribhs.ca	Attention: Scholarship Committee <i>c/o Anna Sanderson, Executive Assistant</i> Lac La Ronge Indian Band Health Services Inc. P.O. Box 1770 La Ronge, Saskatchewan, S0J 1L0	Jeannie Bird Clinic Fairchild Reserve I.R. #156 334 Wilson Charles Street