

# Sherryl Kintu Scholarship Application Form

## PROGRAM

Personal Support Worker

Early Childhood Assistant

## INTAKE DATE

August 2025

September 2025

October 2025

December 2025

## CONTACT INFORMATION

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

OIHI student ID: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

## ELIGIBILITY

To apply for the Sherryl Kintu Scholarship, applicants must meet the following criteria:

- Female
- Be either a domestic or international student with a valid study permit
- Demonstrate financial need
- Submit a complete application with all required supporting documents before the deadline of May 31, 2025.
- Exhibit strong qualities of passion, drive, creativity, trustworthiness, and ambition in alignment with Sherryl Kintu's values

Please submit the following documents along with your completed application form:

- Proof of prior education and academic achievements
- Letter of Intent (approx. 500 words) expressing how the Ontario Institute of Health and Innovation (OIHI) program will support your long-term career goals. Your letter should clearly demonstrate your passion, drive, creativity, ambition, and financial need.

Consideration will be primarily based on the following:

- The merit of the Letter of Intent and accompanying documentation.
- Evident financial need.

Please email the completed Scholarship Application Form to [admissions@oihi.ca](mailto:admissions@oihi.ca)

## TERMS AND CONDITIONS

1. Two scholarships will be awarded.
2. Students need only apply once to be considered for the duration of their studies.
3. Scholarships are non-transferable and cannot be combined with other entrance awards.
4. The scholarship covers tuition, books, and materials fees.
  - a. The scholarship does not cover ancillary expenses associated with academic studies, including but not limited to housing, travel, health insurance, meals, transportation, etc.
5. Recipients must maintain the required registration status throughout the duration of their studies.
6. If a recipient withdraws, the award will be revoked and any funds dispersed will be repaid by the scholarship recipient.
7. Scholarships may be deferred for up to one (1) intake.
8. Incomplete or late applications will not be considered.
9. The scholarship is only applicable to on-campus studies.
10. Scholarship recipients are expected to act as Ontario Institute of Health and Innovation ambassadors and participate in outreach and alumni engagement initiatives in their home region.
11. The Sherryl Kintu Fund Board will evaluate applications based on:
  - a. The strength of the written application and alignment with Sherryl's values
  - b. Demonstrated financial need
  - c. Clear goals and potential for career success
12. All decisions made by the Sherryl Kintu Fund Board are final.
13. Ontario Institute of Health and Innovation reserves the right to modify, cancel and/or limit the scholarship without notice.

## DECLARATION

I hereby declare that:

The information I have submitted in this application for scholarship is true, correct, and complete to the best of my knowledge.

I understand that submission of any false documents will result in the immediate cancellation of my application.

I understand that completion of this signed application permits Ontario Institute of Health and Innovation to request and/or confirm any information necessary to support my application for the scholarship.

I understand and acknowledge that it is my responsibility to be aware of and comply with all of the terms and conditions for the scholarship.

## PRIVACY AND DATA PROTECTION

The information collected on this form is used by Ontario Institute of Health and Innovation for the adjudication and administration of the scholarship. OIHI collects, uses, and discloses your personal information as permitted or required by applicable privacy legislation.

By submitting your application and agreeing to the terms and conditions, you expressly consent to the collection, use, and disclosure of your personal and educational information as described herein and are hereby notified that your personal information may be accessed and stored outside of Canada.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADMINISTRATIVE USE ONLY

Approved scholarship: \_\_\_\_\_

Approved value: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_