



LASER HEALTH SOLUTIONS SCHOLARSHIP **2017**

LaserHealth®
Solutions
Pain and Soft Tissue
Rehabilitation

The “Laser Health Solutions Scholarship” was established in 2015. This scholarship is jointly administered by Laser Health Solutions and Remedial Massage Therapists Association. It was created to award a student who is currently attending their second year of a formal education in pursuit of a career in massage therapy. The award value is \$500.00 and the deadline for submitting all required documents is May 15, 2017. The winner will be contacted in June 2017.

ELIGIBILITY CRITERIA

Applicants must be:

- A Canadian Citizen or a Permanent Resident
- An Associate member of the Remedial Massage Therapists Association
- Currently in their second year of a formal massage therapy program

APPLICATION PROCEDURE

Submit with the application:

- A 250-500 word essay
- A character reference letter
- Financial need form

ESSAY QUESTION

Describe why you are pursuing this area of healthcare and how you are planning to use your education in the future. Use no more than 500 words, double spaced, with a font size of 12 and do not type on both sides of the page.

CHARACTER REFERENCE

This letter can be written by someone in a supervisory role such as a teacher, employer, or coach/instructor etc. The individual providing the reference should include their relationship to you, how long they have known you for, and how come they think you will make a great Massage Therapist. The letter should also contain their contact information.

SELECTION PROCEDURE

The Selection Committee will consider an applicant’s essay, character reference, and financial need when choosing a recipient. All documents must be received by May 15, 2017.



REMEDIAL MASSAGE THERAPISTS ASSOCIATION & LASER HEALTH SOLUTIONS SCHOLARSHIP APPLICATION FORM

Personal Information

First Name: _____ Last Name: _____ Initial: _____
Personal Email: _____ RMTA#: _____
Date of Birth: (DD/MM/YYYY) _____ Gender: Male Female
Home Telephone: (_____) _____ Cell: (_____) _____
Home Address: _____
City: _____ Prov: _____ Postal Code: _____
Number of Dependent Children: _____ Marital Status: _____

Education and Training

School Name: _____
Year of Study: _____
Address: _____
Date of Graduation (DD/MM/YYYY): _____ Number of Hours: _____

Professional Information

Business Name: _____
Business Website: _____
Business Email: _____
Business Telephone: (_____) _____ Fax: (_____) _____
Business Address: _____
City/Province: _____ Postal Code: _____

Personal Information Protection Act (PIPA)

Personal information is used only for internal database purposes. It is understood and agreed by the applicant, as signed below, that this information will be shared between the RMTA and Laser Health Solutions only.

In order to process your scholarship application and contact you in the event you are chosen as a recipient, the RMTA collects the personal, professional, and education related information contained within this application. Information you provide on this form is confidential and will only be used for the provision of awarding the scholarship and statistical reporting in accordance with the PIPA.

The signature below is to be considered as consent to the collection, use and disclosure of personal information as described.

Signature: _____

Application Checklist

- Completed Application Form**
- Character Reference Letter**
- 250-500 Word Essay**
- Financial Need Form**

Applications can be mailed, faxed, emailed or dropped off at the RMTA office. The deadline for submission is May 15, 2017. Incomplete applications will not be processed until all information is submitted.

I, the undersigned, declare that the information provided and statements made in this application and any attached documents are true.

Signature: _____ **Date:** _____

FINANCIAL NEED

Income	
Net (line 167 income tax)	
Gross (line 150 income tax)	
Student Loans/Lines of Credit	
Rental Income	
Spousal/Child Support	
Government Benefits	
Other	
Total:	
Fixed Expenses	
Housing (Mortgage, Rent, Taxes, Insurance etc.)	
Electricity	
Gas & Water Heater	
Cable	
Phone	
Internet	
Car Payment, Insurance & Registration	
Professional Association Dues	
Childcare	
Insurance: life & health	
Tuition	
Variable Expenses	
Repairs	
Public Transit	
LRT/Taxi/Parking	
Medical/Dental	
Groceries/Personal Care	
Restaurant	
Clothes	
Entertainment	
Pet	
Family/gifts	
Vacation	
Interests & Hobbies	
Sports	
Club/union	
Bank fees	
Taxes	
Debt Repayment	
Emergency fund	
Savings	
Total:	

Please use annual figures and information from your 2016 tax return; use your best estimate if you have not yet filed your taxes. If you are married, common law, or cohabitating add the incomes and expenses together. Documents may be requested from finalists to ensure correct information has been provided.