

Dr. S.S. Toni Scholarship Application – 2026

Date: _____

Name: _____ Phone: _____

Home Address: _____
(Street Address or Section, Township, Range)

Mailing Address: _____

E-mail: _____

Highest level of education completed: _____

Have you proof of acceptance into the career/course of choice?

Yes No

Name of course or career: _____

Reason for Career chosen: (for more space use back of application)

Start date of course: _____ Length of course: _____

Expected completion date: _____

Present estimated annual income: _____

Estimated cost of course (tuition, books, etc.): _____

References of previous employer, teacher and/or principal:

1. _____

2. _____

Signature of applicant

All above information will be treated in strict confidence.

Complete and return by April 24th, 2026 to:

Altona & District Health Care Board

Attention: Michael Rempel

PO Box 270 Altona MB R0G 0B0

Or send via email to michael.rempel@rhinelandmb.ca