

## **BISHOP A.F. TONNOS SCHOLARSHIP IN HEALTH CARE ETHICS**

### **Purpose:**

In September 2000 the Catholic Health Association of Ontario created the Bishop AF. Tonnos Scholarship to acknowledge the significant contribution of Bishop Tonnos to the Catholic Health Ministry in Ontario.

The purpose of the Scholarship is:

- To support and encourage the study of Catholic health care ethics at the graduate level in Ontario
- To provide financial assistance for a graduate student in preparation for work in Catholic health care.

**Value:**           **\$2,000**

**Closing Date for Application:**   **August 31, 2012**

### **Eligibility:**

The candidate must be enrolled in a graduate program in theology or ethics in an Ontario Catholic University

### **APPLICATION:**

The applicant must:

- Submit a completed application form to the Catholic Health Association of Ontario;
- Provide two letters of recommendation;

### **SELECTION:**

- Applications will be reviewed by a committee of the board of directors of the Catholic Health Association of Ontario;
- Application deadline is August 31, 2012
- Applicants will be notified by late September and a public announcement of the awarding of the Scholarship will be made at the Annual Meeting of the Catholic Health Association of Ontario that is held annually in mid October.

### **Application Form Available From:**

Catholic Health Association of Ontario  
628-200 North Service Road West  
Oakville, Ontario. L6M 2Y1

**Telephone:** (905) 815-1955

**E-mail:** [chao@bellnet.ca](mailto:chao@bellnet.ca)

For more information about the Catholic Health Association of Ontario:

<http://www.chaont.ca/>

CATHOLIC HEALTH ASSOCIATION OF ONTARIO  
BISHOP ANTHONY TONNOS SCHOLARSHIP

SCHOLARSHIP APPLICATION FORM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ e-mail: \_\_\_\_\_

I wish to apply for the Catholic Health Association of Ontario/Bishop Tonnos  
Scholarship:

Graduate Degree Enrolled In: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Name of University: \_\_\_\_\_

**Please attach the following:**

- A letter outlining your reasons for wishing to study the program you have chosen, your previous achievements in academics, community service or Catholic health care and how this program will contribute to your longer term career expectations in Catholic health care ethics;
- Proof of your acceptance into a graduate theology or ethics program at an Ontario Catholic University.

**Two letters of reference are required. Please ask these persons (named below) to send their letters directly to the address at the bottom of this application.**

	<u>Name and Title</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____

Application form, supporting documentation and letters of reference must reach the Catholic Health Association of Ontario by August 31, 2012.

**Submit to:**

Catholic Health Association of Ontario  
628-200 North Service Road West  
Oakville, Ontario. L6M 2Y1  
or E-Mail: [chao@bellnet.ca](mailto:chao@bellnet.ca)