



BC Association of Healthcare Auxiliaries

BCAHA TRIBUTE BURSARY FUND 2026

The BCAHA Tribute Bursary Fund exists to assist in the education of deserving youth or adult students enrolled in post-secondary education, at a recognized British Columbia institution, in a human healthcare field.

This bursary is funded by member auxiliaries, businesses and private individuals who share the value in financially supporting future healthcare professionals in our province.

Three (3) \$2,000 bursaries will be awarded in any healthcare related program

Bursary Application Requirements:

1. Qualifications of Applicants:

- a. The applicant must be a resident of the Province of British Columbia;
- b. Preference will be given to the applicant related to/or sponsored by a BCAHA member in good standing.
- c. The applicant for the Tribute Bursary Fund must be registered with a post-secondary institute in an accredited healthcare program.

2. Application:

- a. The Bursary will be advertised and promoted on the BCAHA website, through the BCAHA newsletter and through school counselling offices.
- b. Application forms will be obtained through the BCAHA website;
- c. Applicants must submit by **May 15, 2026** to the following:

BCAHA Tribute Fund Board

Amanda Laranjo

3948 Boss Creek Road

Vernon B.C. V1B 4G5

EMAIL: alارانjo7@gmail.com

3. Awards:

- a. Completed application forms will be received and reviewed by the Bursary Committee who will determine the final selection;
- b. The successful recipient will be notified no later than **June 1, 2026** with a request for confirmation of registration in the post-secondary institute; (for payment to proceed)
- c. Arrangement for payment will be made with the successful applicant and the educational institute;
- d. If no suitable candidates are found the bursaries may be held over.

BCAHA TRIBUTE BURSARY FUND APPLICATION FORM

Please print and fill out.

The British Columbia Association of Healthcare Auxiliaries appreciates the hard work and dedication needed to choose a career in healthcare. We urge students of all ages to apply for our financial assistance.

PART I. CONTACT INFORMATION

Surname _____ Given Name _____ Initial _____

Student ID Number _____ Email Address _____

Permanent Address _____

City _____ Postal Code _____

Phone Number _____

Social Insurance Number will be required for successful applicants.

PART II: PROOF OF CURRENT ENROLMENT

Applicants must provide proof of current enrolment in the form of pre-registration and/or a confirmation provided by the registrar of the educational institution.

_____ (name of applicant) is currently enrolled in a human health related program, namely _____
(program name)

At _____ (college/university)

Name of college/university official (please print) _____

Title _____

Signature _____ Date _____

PART III: LETTERS OF INTENT AND REFERENCES

- * A letter of 200 words or fewer outlining future plans and need for financial assistance
- * The name and auxiliary of the family member who is your sponsor (if applicable)
- * Confirmation of volunteer Hours preferably with an Auxiliary
- * A letter of personal reference

PART IV: SIGNED DECLARATION: Please include this signed declaration with your application:

I hereby declare that the information on this application is, to the best of my knowledge, correct and complete. If any of the information in this application should change, I understand that it is my responsibility to advise the BCAHA Tribute Fund Committee in writing.

I understand that the information I have provided will be used for the adjudication and administration of needs-based awards available through BCAHA. I understand and hereby consent to the publication of my name, if selected, as the recipient of the Tribute Fund Bursary in news releases printed by the BCAHA.

Signature _____ Date _____

YOUR APPLICATION SHOULD BE SENT TO:

BCAHA Tribute Fund Board

Amanda Laranjo

3948 Boss Creek Road

Vernon B.C. V1B 4G5

EMAIL: alaranjo7@gmail.com

BE SURE TO INCLUDE:

- Completed Application Form
- Proof of registration in a post-secondary institute in an accredited health-care program (Confirmation pending school transcripts)
- A letter of 200 words or fewer outlining future plans and need for financial assistance
- The name and auxiliary of the family member who is your sponsor
- A letter of personal Reference
- Signed Declaration