



BC Association of Healthcare Auxiliaries

BURSARY APPLICATION FORM

The British Columbia Association of Healthcare Auxiliaries appreciates the work of youth volunteers and offers one bursary per year to a student seeking financial assistance who has accumulated at least 100 volunteer hours in an Auxiliary sponsored program and who is enrolled in the second semester of the second or subsequent year of a human healthcare program of studies in a recognized post-secondary institution. Application will be made at that time. Be sure to retain this application, the Certificate of Volunteer Hours, and a Letter of Recommendation from your sponsoring Auxiliary/Volunteer Manager until you enter the second semester of your second or subsequent year, as you will need to include all of these documents with your application.

Surname _____ Given Name _____ Initial _____

Student ID Number _____ Email Address _____

Permanent Address _____

Phone Number _____ Social Insurance Number _____

Proof of Current Enrolment:

Applicants must have this section signed by an official of the institution:

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

namely _____
(program name)

at _____
(college, university)

Name (please print) _____ (college, university official)

Title

(college, university official)

Signature _____ Date _____



Please include the following with your completed application form:

- A letter in 200 words or less indicating future plans and need for financial assistance
- The Certificate received from your Auxiliary/Volunteer Manager advising of the hours volunteered
- Proof of enrolment for second or subsequent year in a human health related program
- Letter of Recommendation from your Sponsoring Auxiliary/Volunteer Manager

Application, letter and documents must be received no later than October 1:

Applications accepted by email only. Please email completed application to

president@bchealthcareaux.org

Successful applicant will be notified in writing by December 31st.

Funds will be sent to the post-secondary institution by January 15th.

Declaration:

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 and merit-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 BCAHA news releases.

Signature of applicant

Date