



# BC Association of Healthcare Auxiliaries

## **BCAHA TRIBUTE BURSARY FUND 2021**

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.

Four \$1,000 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, 2021** to the following:

**BCAHA Tribute Fund Board**

**c/o MS Allana Ferro, 682 Montcalm Road, Trail, BC V1R 2J8**

**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, 2021** 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 Health Care 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 \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

## **PART II: PROOF OF CURRENT ENROLMENT**

Applicants must provide proof of enrolment by providing a pre-registration and/or registration copy of enrolment provided by the registrar of the educational institution.

\_\_\_\_\_ (name of applicant) is currently enrolled in a human healthcare related program, namely \_\_\_\_\_ (program name)

At \_\_\_\_\_ (college, university)

Name of college or university official (please print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III: LETTERS OF INTENT AND REFERENCES**

- \* A letter in 200 words or less indicating future plans and need for financial assistance
- \* The name of the auxiliary member who is related to you or is your sponsor. Please state which auxiliary they belong to.
- \* 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**  
**c/o MS Allana Ferro, 682 Montcalm Road, Trail, BC V1R 2J8**

**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 in 200 words or less indicating future plans and need for financial assistance
- The name of the auxiliary member who is related to you or is your sponsor. Please state which auxiliary they belong to.
- A letter of personal Reference
- Signed Declaration