

BCAHA TRIBUTE BURSARY FUND 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 hours of volunteer service in an Auxiliary sponsored or other approved community program and is enrolled in a human healthcare related program of studies in a recognized post-secondary institution. Volunteer hours from an auxiliary healthcare sponsored healthcare facility will be given preference. 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 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:

Please mail completed application to:

BCAHA Secretary
Box 623, Revelstoke, BC
V0E 2S0

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 Bursary 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 BCAHA Tribute Fund Bursary in BCAHA news releases.

Signature of applicant

Date