

**B.V.D. HOSPITAL AUXILIARY SOCIETY BURSARY
JUNIOR VOLUNTEER BURSARY
NEW TO YOU STORE BURSARY**

DEADLINE FOR APPLICATIONS APRIL 30TH

(Applications emailed or postmarked after April 30th will not be accepted)

1. On both pages of your application, please write your name and high school on to the top right hand corner in the space provided.
2. You can apply for more than one bursary with one application. Please check the box(es) for the bursary(ies) you are applying for.
 - B.V.D. Hospital Auxiliary Society \$2,000 bursary is awarded to one (1) student going on to a post-secondary education in the medical field. \$1,000 per year for up to 2 years.
 - Junior Volunteer \$1,500 Bursary is awarded to one (1) student who has, throughout their high school years, completed a minimum of 50 hours volunteering for the Hospital Auxiliary and is going on to a post-secondary education in the medical field.
 - New to You \$1,000 Bursary is awarded to six (6) students going on to a post-secondary education in any field.
3. Your application **MUST** be signed by you, your parent/guardian and your school principal. If these signatures are missing, your application will be rejected.
4. The bursary must be used within the first year after graduation from high school. The Auxiliary, on written request, may grant special deferral of up to 18 months in advance.
5. It must be understood that the recipient shall be a full-time post-secondary student to qualify.
6. If the student does not complete a full semester, repayment of the bursary will be required.
7. Recipients of the bursary will be given a copy of conditions.
8. Recipients of the bursary **MUST** supply the Auxiliary with the following information to receive funds.
 - Contact Information – phone/cell number, email address, and postal address where funds should be mailed to.
 - Proof of registration, **signed by registrar**, from the post-secondary institution you are attending.
 - Social insurance number, as we are required by law to send all proper government forms for tax purposes.

Please email your signed application and essay to bvdhospitalauxsoc@gmail.com or mail to the address below no later than April 30th:

B.V.D. Hospital Auxiliary Society
c/o Bursary Chairman
P.O. Box 2672
Smithers, BC V0J 2N0

Name: _____

High School Attending: _____

**APPLICATION FOR B.V.D. HOSPITAL AUXILIARY SOCIETY BURSARY, JUNIOR VOLUNTEER BURSARY
AND/OR NEW TO YOU STORE BURSARY**

DEADLINE FOR APPLICATIONS APRIL 30TH

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Which bursary(ies) are you applying for? Please ensure you check all appropriate boxes if you are applying for more than one bursary.

- B.V.D. Hospital Auxiliary Society \$2,000 bursary is awarded to one (1) student going on to a post-secondary education in the medical field. \$1,000 per year for up to 2 years.
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Phone: _____ Email Address: _____

Mailing Address: _____ Birthdate: _____

Canadian Citizen: _____ Landed Immigrant: _____ Resided in BC since: _____

Parents' Names: Mother: _____ Father: _____

Name of University or College planning to attend: _____

Degree/Diploma (ie. Bachelor of Science): _____

Length of Degree/Diploma (number of years): _____

Education goal (ie. pediatrician, ultrasound technician) _____

I have been accepted/am being considered for the semester beginning _____

My expenses for one semester are:

Tuition	\$
Travel	\$
Personal	\$
Room & Board	\$
Books	\$
TOTAL	\$

Name: _____

High School Attending: _____

**APPLICATION FOR B.V.D. HOSPITAL AUXILIARY SOCIETY BURSARY, JUNIOR VOLUNTEER BURSARY
AND/OR NEW TO YOU STORE BURSARY – PAGE 2**

List any volunteer activities you have participated in recently (please provide year/date).

I have applied for the following bursaries/scholarships.

My present academic standing is (A average, B average): _____

I certify the information on this application to be true: _____

Signature of Applicant

I have read the completed application and certify the information to be correct.

Signature of Parent/ Guardian

Signature of High School Principal

PLEASE PROVIDE AN ESSAY (MAX. 1,000 WORDS), WRITTEN BY THE APPLICANT, DESCRIBING:

- reasons for choosing this career,
- why you believe you will be successful, and
- benefits your chosen career will have to society.

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