**NEW**

**AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL BURSARY**

Deadline: March 14

1 Bursary of $1500, additional awards may be announced

**“The best way to find yourself is to lose yourself in service to others.”  Ghandi**

**CRITERIA**

* Open to all students living within the School District 79 boundaries
* Must be pursuing a career in the human health care field
* Registration to a Canadian post-secondary education must be within

1 year of graduation

**EMAIL THE FOLLOWING:**

* Special Application Form
* Autobiographical Essay
* Resume
* 2 References (ie: volunteering, employment, teacher, counsellor, etc.)

**Please add BURSARY and your LAST NAME on the subject line of your email.**

Award will be paid directly to the recognized post-secondary Canadian institution upon receipt of registration.

**Contact**:

Angela Peterson – cvhabursary@gmail.com

**AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL BURSARY APPLICATION - 2024-25**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s names and occupations**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Will your parents help financially with your education? \_\_\_\_\_\_\_\_\_\_**

**What else, besides awards that you may win, will you do to help finance your education? \_\_\_\_\_\_\_\_\_\_\_**

**How much do you expect to budget for each year you will be in school? You may submit a budget if you have one prepared.**

**Tuition/student fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Texts/supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Living Expense – at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rent/Board, food, utilities, etc. if not included \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your family fit any of the following criteria?**

**\_\_ a single-income or single parent family**

**\_\_ many children or dependants**

**\_\_ learning challenges**

**\_\_ any other life circumstance that you want to share with the bursary committee to support your application?**

**Do you have any relatives that volunteer with CVHA? If yes, whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_If you are applying for both Hospital Auxiliary bursaries, please fill out just one application.**

**THANK YOU FOR YOUR APPLICATION!**