The Auxiliary to Saanich Peninsula Hospital
BURSARY AWARD APPLICATION

COMPLETED APPLICATION FORMS AND REFERENCES MUST BE POSTMARKED OR RECEIVED BY SEPTEMBER 30th, 2026 TO:
The Auxiliary to Saanich Peninsula Hospital
Attention: Bursary Chairperson
2166 Mount Newton X Road
Saanichton, BC V8M 2B2
Label the envelope as "Confidential"
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Three bursaries will be awarded annually:

- The Bea Anderson Memorial Scholarship for the amount of $5,000.00 to one recipient
- Two Auxiliary to Saanich Peninsula Hospital Bursaries for the amount of $4,000.00 to each recipient

All applicants will be considered for all available bursaries

Applicants must meet the following criteria:

1) 1. ANY PERSON WHO:
   - ☐ is a graduate of School District 63
   - ☐ OR has completed significant volunteer service within Saanich Peninsula Hospital
   - ☐ OR is an immediate family member of an employee of Island Health at Saanich Peninsula Hospital
   - ☐ OR is an Auxiliary member, or child or grandchild of an Auxiliary member.
2) Each bursary will be awarded to a student entering a full-time academic curriculum in Medical Science at any university or regional college in the Province of British Columbia such as:

Dentistry	Medical Office Assistant	Nursing	Recreational Therapy
Dietetics	Medical Social Worker	Nursing Assistant	Registered Care Aide
Hospital Unit Clerk	Medical Doctor	Occupational Therapy	Respiratory Therapy
Medical Imaging	Music Therapy	Pharmacy	Speech Therapy
Medical Lab Technician		Physiotherapy	

Note: Related disciplines not mentioned above may be considered by the Bursary Committee

3) Applications MUST include:
   - ☐ a completed application form (following pages)
   - ☐ a short covering letter outlining your strengths, goals and involvement in community leadership roles
   - ☐ the most recent official high school or post-secondary transcript
   - ☐ proof of enrollment at the post-secondary level for the academic year
   - ☐ three letters of reference, one of which should be from a high school teacher or a post-secondary instructor.

4) The three recipients will receive the awards in December of the application year.
5) Applicants may reapply each year for an unlimited number of years provided they continue to meet all of the criteria. If no other candidates apply, past recipients may again receive the bursary. However, if there are other applicants, the bursary may be presented to a new candidate.

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PERSONAL INFORMATION: ***Please Print Clearly***

Name:	
Address:	
Home Phone:	Cell:
Date of Birth:	Email:

ACADEMIC ACHIEVEMENT:

Please provide the name of the institution, location, years of attendance and program achieved. (Attach official transcripts for most recent)

HIgh School:
Post-Secondary:
Post Graduate/ Other (specify):

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POST-SECONDARY INSTITUTION APPLIED TO:
Faculty or Program applied for: 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th ☐ Other

Please outline the reasons you have chosen this field of study:

_____

_____

_____

_____

_____

_____

WORK / VOLUNTEER EXPERIENCE:

Name of Employer	Dates of Employment	Job Title

Signature of Applicant: **Date:**