



The Auxiliary to Saanich Peninsula Hospital

BURSARY AWARD

**COMPLETED APPLICATION FORMS AND REFERENCES MUST BE SUBMITTED
BY SEPTEMBER 15TH OF EACH YEAR TO:**

Attention: Bursary Chairperson

**Auxiliary to the Saanich Peninsula Hospital
2166 Mount Newton X Road
Saanichton, BC V8M 2B2**

Please also mark the envelope as "Confidential"

Two \$2,500 bursaries will be awarded annually, providing the applicants meet the following criteria:

1. ANY PERSON WHO IS:
 - (a) A graduate of School District 63
 - (b) OR has completed 100 hours of volunteer service within Saanich Peninsula Hospital
 - (c) OR an immediate family member of an employee of Island Health at Saanich Peninsula Hospital
 - (d) OR any Auxiliary member, or son or daughter 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 Social Worker	Pharmacy
Dietetics	Medical Transcription	Physiotherapy
Hospital Unit Clerk	Medicine	Recreational Therapy
Medical Imaging	Music Therapy	Registered Care Aide
Medical Lab Technician	Nursing	Respiratory Therapy
Medical Office Assistant	Nursing Assistant	Speech Therapy
	Occupational Therapy	Veterinary Medicine

Related disciplines not listed above may be considered by the Bursary Committee

3. APPLICATIONS MUST include:
 - (a) a completed application form
 - (b) a short covering letter
 - (c) an official high school or an official post-secondary transcript
 - (d) proof of enrollment at the post-secondary level for the academic year
 - (e) three letters of reference, one of which should be from a high school teacher or a post-secondary instructor
4. The award will be presented to the two recipients in December at the Auxiliary Luncheon.
5. Any applicant may reapply each year for an unlimited number of years provided he/she continues to meet all of the criteria. If no other candidates apply, he/she may receive the bursary until the time his/her program is completed. However, if there are other applicants, the bursary may be presented to a new candidate.

**Selection criteria will also include academic performance, community involvement,
and letters of reference.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



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PERSONAL INFORMATION: *Print Clearly*

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL: _____

DATE OF BIRTH: _____ EMAIL: _____

ACADEMIC ACHIEVEMENT:

High School _____

Post-Secondary _____

Other (specify) _____

POST-SECONDARY INSTITUTION APPLIED TO: _____

FACULTY OR PROGRAM APPLIED FOR: _____

1st Year

2nd Year

3rd Year

4th Year

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

WORK / VOLUNTEER EXPERIENCE:

Name of Employer	Dates	Job Title
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Signature of Applicant: _____

Date: _____