



The Auxiliary to Saanich Peninsula Hospital

BURSARY AWARD APPLICATION

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

Auxiliary to the 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.

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

- 1) 1. ANY PERSON WHO:
 - a) is a graduate of School District 63
 - b) OR has completed significant volunteer service within Saanich Peninsula Hospital
 - c) OR is an immediate family member of an employee of Island Health at Saanich Peninsula Hospital
 - d) 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 Social Worker	Pharmacy
Dietetics	Medical Doctor	Physiotherapy
Hospital Unit Clerk	Music Therapy	Recreational Therapy
Medical Imaging	Nursing	Registered Care Aide
Medical Lab Technician	Nursing Assistant	Respiratory Therapy
Medical Office Assistant	Occupational Therapy	Speech Therapy

Note: Related disciplines not mentioned above may be considered by the Bursary Committee
- 3) Applications **MUST** include:
 - a) a completed application form (following pages)
 - b) a short covering letter outlining your strengths, goals and involvement in community leadership roles
 - c) the most recent official high school or 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 two 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: 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th <input type="checkbox"/> 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:
