

# **BURSARY APPLICATION**

Hospital Employees' Union **BURSARY COMMITTEE** 5000 North Fraser Way BURNABY, B.C.V5J 5M3

DEADLINE: AUGUST 4, 2017 at 5:00 pm

### PLEASE PRINT IN DARK INK

Date:			
Name of Applicant:			
rtaine or rppiicane.	Last Name	I	First Name

General application for the Hospital Employees' Union Bursary Program, administered by the Bursary Committee under the direction of the Provincial Executive

#### **ELIGIBILITY**

- Present members of the Hospital Employees' Union, their children, stepchildren and children under the legal guardian, and spouses (including common-law and same-sex partners) shall be eligible for bursaries.
- Bursaries shall be tenable at any post secondary educational institution.
- To be eligible, course must commence in 2017-2018 school year (Sept. to June).
- Please use the current 2017-2018 application form (Sept. to June).

PLEASE PRINT IN DARK INK AND ANSWER ALL APPLICABLE QUESTIONS LEGIB					
☐ Mr.	☐ Mrs.	☐ Miss	☐ Ms.	☐ Other	
APPLICAN	IT:			First Name	
	Last INaille			THISCHAINE	
			CEI	I DUONE.	
HOME PH	ONE:			LL PHONE:	
HOME PH	ONE:		CEI	LL PHONE:	
				LL PHONE:	
EMAIL: MAILING					
EMAIL: MAILING					
EMAIL: MAILING					
EMAIL: MAILING	P.O. Box/Apt.#				

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Date you comp	oleted your	secondar	y education		onth			Year
Please indicate	e if you ar	e applying	g as a ma			ırning to	school afte	
than one year	•		Yes 🔲 1		,	Ö		
Last two educ	ational ins	stitutions	attended	l (if applicabl	e):			
Name of Instit	tution		Addr	ess			Dates of A	ttendance
Please indicate	a program	and/or o	ourses h	eing taken				
Specialty if app	plicable							
What year of			•	ou be in dur	ing the 201	7/2018 t	term:	
please circle:	1 2	3	4 5					
Name of instit	tution who	ere you h	ave been	accepted: _				
What is your o	ppinion of u	inions and	the role	they place in 1	the workfor	ce? (Not	more than	150 words)
What do you	think of p	icket line	s?					
	<b>-</b>							
Have you subr	mitted an	applicatio	n for a C	Canada or Qu	uebec stude	ent loan?	☐ Yes	☐ No
Total educatio	nal debt f	rom CSL	/Provincia	al loans (less	loan remis	sion, if a	ppropriate.	) Include
funds authoriz								
	Employer			Type of W	/ork	Gross	Income(s)	
May								
June					1 1 1 1 1 1 1 1			
July								
August								
What is your	estimated	net inco	me from	the summer	(2017)? _			
Income for up	coming so	hool yea	r?					

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Where will you be living this summer?	☐ Parents ☐ Own Home ☐ Rented				
If you will be working part-time during	the academic term, please complete the following:				
Name of employer:					
Estimated average number of hours wo	rked: per month				
Wage:	\$ per month				
Where will you be living during the aca	demic term:				
	Rented University Residence Other vestments (e.g. bonds, stocks, term deposits, etc.),				
	URCES FOR UPCOMING ACADEMIC 2017/2018 TERM e all income and expenses)				
Estimated Annual Expenses	<b>Estimated Annual Resources</b>				
Tuition fees	Bank balance, Sept. 1				
Books, supplies Part-time income during term					
Rent, mortgage Canada Student Loan					
Food BC Loan/Provincial Assistance					
Transportation EI- Empl. Ins., etc					
Medical	Bursaries/scholarships				
Child care Financial assistance (parents)					
Clothing Financial assistance (spouse)					
Miscellaneous					
Exceptional (specify)	RRSP/GICs				
	Other income				
TOTAL EXPENSES	TOTAL RESOURCES				
Total Expenses less Total Resources = N	Need \$				

This section on expenses and resources must be clear, precise and accurate.

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**Information on Parents:** (if applicable) — not necessary if applying as a mature student.

Father:				
Name		Occupation	Gross Annual Income	
Mother:	Name	Occupation	Gross Annual Income	
D d			Gross Annual income	
-	s of your parents/gu			
(Do not include	e children who are indepe	endent/full-time workers)		
Nan	ne	Age as of December 31/16	School in Sept/17 to June/18	
If you are n	narried or a single p	parent, complete the following:		
Number of	children:	Ages:		
C				
Spouse:	Full Name	Address		
	Occupation	Annual Income		
If there are please expla		ces which make it necessary for you to	apply for a bursary,	

#### **APPLICATION FOR BURSARY - PAGE 5 OF 6**

ACADEMIC INFORMATION: Students applying with previous post-secondary credit (college or university) must submit a transcript of their most recent period of study.

# TO BE COMPLETED BY SCHOOL OFFICIAL (OR PROVIDE TRANSCRIPTS)

Subject	Mark or Grade for Courses Completed	Predicted Final Mark for Current Courses
English 11		
English 12		
Social Studies 11		
English Literature 12		
Law 11		
Economics 11		
History 12		
Geography 12		
Computer Science II		
Algebra II		
Algebra 12		
Probability 12		
Geometry 12		
Biology I I		
Biology 12		
Chemistry II		
Chemistry 12		
Physics 11		
Physics 12		
French II		
French 12		
German II		
German 12		
Spanish 12		
Beg. Spanish 11		
Earth Science 11		
Geology 12		
Western Civilization 12		
Writing II		
Composition 11		
Name of School:	Т	elephone No:
Signature: (Principal/Counse	llor)	

\*NOTE: If transfer standing (T.S.) granted, previous secondary school transcripts are required.

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I HEREBY DECLARE that the information in this application is to the best of my knowledge correct and completed. If awarded a bursary, I authorize the Bursary Committee to release the following information to the donor of the award, if requested.

- Name
- Address
- Telephone Number
- Information relative to special requirements of awards and background from this application.

Date	Signature of Applicant
HEU member's name:	
Relationship to HEU member (as per eligibility	on page one):
If HEU member is on Long Term Disability	y, please identify the facility, local and date last worked
facility: local: _	date:
HEU local name:	
Member since:	
Site name where you work:	
Home address:	
Home number:	Cell number:
Email address:	
	ations will <u>NOT</u> be considered;
<ul> <li>Successful applicants <u>must</u></li> <li>payment prior to bursary of</li> </ul>	supply proof of tuition
■ Please supply proof of regi	stration with your application.
Have you ever applied for an HEU bursary?	☐ Yes ☐ No When?
Were you successful?	☐ Yes ☐ No When?