



2024-2025 BURSARY APPLICATION

* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED *

Registration Deadline: Tuesday, August 6, 2024, at 5:00 p.m.

Applicant Name: _____

General application for the Hospital Employees' Union Bursary Program, Administered by the Bursary Committee under the direction of the Provincial Executive. Information collected is for the purpose of allocating bursaries only, except as otherwise stated in this application.

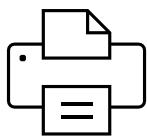
ELIGIBILITY

- 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 2024-2025 school year (September to June).
- Please use the current 2024-2025 application form (September to June).

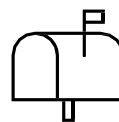
Submit your application form by email, fax, or mail.



EMAIL:
bursaries@heu.org



Fax:
604-739-1510



**HEU Provincial Office
5000 North Fraser Way
Burnaby, BC V5J 5M3
Attention: BURSARY COMMITTEE**

Date Sent: _____ **# of pages:** _____

**PLEASE PRINT IN DARK INK AND
ANSWER ALL APPLICABLE QUESTIONS LEGIBLY**

Section A: Contact Information

Applicant Last Name	Applicant First Name
---------------------	----------------------

Are you the working HEU Member: YES NO

IF NO, please state relationship to **HEU** member (as per "Eligibility" on first page) CHILD SPOUSE _____

Have you Applied for an HEU Bursary before? YES NO

IF YES, were you successful? YES NO

APPLICANT – Contact Information			
Telephone (Home)		Telephone (Cell)	
Email address			
Mailing Address		Permanent Address (if different)	
Address		Address	
City	Postal Code	City	Postal Code

IF you are NOT the HEU member please fill in below the HEU member's information			
HEU Member's name		Member Since (if known)	
HEU Site name where member works		HEU Local Name	
Telephone (Home)		Telephone (Cell)	
Email address			
Mailing Address		Permanent Address (if different)	
Address		Address	
City	Postal Code	City	Postal Code

Section B: Program Information

Please indicate program and/or courses being taken	Specialty if applicable
--	-------------------------

What year of your program/course will you be in during the 2024/2025 term:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Other
Name of institution where you have been accepted:					

Have you submitted an application for a Canada or Quebec Student Loan? Yes No

Total educational debt from CLS/Provincial loans (less loan remission, if appropriate). Include funds authorized for this academic period \$

Are you working this summer (May – August): YES NO

Employer	Type of work
Gross Monthly Income \$	

Income while attending school (September – June) \$

If you will be working during the academic term, please complete the following	
Employer	
Gross Wages per month	Estimated average number of hours worked

Where will you be living this summer? Parents/guardian Own Home Rented

Where will you be living during the academic term:
 Parents/guardian Own Home Rented University Residence Other

What is your period of study for 2024/2025?
Start month/year: _____ Finish month/year: _____

Section C: Finances

**THIS SECTION ON EXPENSES AND RESOURCES MUST BE CLEAR,
PRECISE AND ACCURATE**

ESTIMATED EXPENSES AND RESOURCES FOR UPCOMING ACADEMIC 2024/2025 FOR THE PERIOD OF STUDY (Must include all income and expenses)	
ESTIMATED EXPENSES	ESTIMATED RESOURCES
Tuition Fees	Bank Balance
Books, supplies	Part-time income during term
Rent, mortgage	Canada Student Loan
Food	BC Loan/Provincial Assistance
Transportation	(EI) Employment Insurance, etc.
Medical (please explain)	Bursaries/scholarships
Child Care	Financial assistance (parents/guardian)
Clothing	Financial assistance (spouse)
Miscellaneous (please explain)	RESP/RRSP/GIC
Exceptional (specify)	Other Income
TOTAL EXPENSES \$	TOTAL RESOURCES \$
Total Expenses less Total Resources = Need	\$

Section D: Additional Information

For this section, please fill out the following tables if:

- Table A: You are living with your parents/guardian as a dependent and not applying as a mature student*.
- Table B: Your parents/guardians/sponsors have dependents.
- Table C: You are married, common law or single parent.

*Mature is defined as students returning to school after more than one-year absence.

A. Information on parents/guardian: (if applicable) – not necessary if applying as a mature student		
Name	Occupation	Gross Annual Income
Name	Occupation	Gross Annual Income

B. Dependents of your parents/guardian/sponsor (if applicable): (Do not include children who are independent/full-time workers)	
Name	Age as of December 31, 2024
Name	Age as of December 31, 2024
Name	Age as of December 31, 2024

C. If you are married, common-law or a single parent, complete the following:	
Number of children	Age as of December 31, 2024
Spouse/common-law partner	
Full Name	Address
City	Postal Code
Occupation	Gross Annual Income

- Incomplete and late applications will NOT be considered.
- Please supply proof of registration with your application.
- Successful applicants must supply proof of tuition payment prior to bursary cheques being issued.

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 my name to the donor of the award, if requested.

Please answer these two questions on two separate pieces of paper and attach to this application.

- 1) How have unions benefited your family or your community (250 words maximum)?
- 2) Is there any other information you would like to share in support of your application (250 words maximum)?

Date

Signature of Applicant

This page must be signed