



2025-2026 BURSARY APPLICATION

* **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED** *

Registration Deadline: Tuesday, August 5, 2025, at 5:00 p.m.

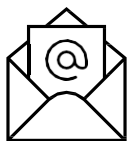
Applicant Name: _____

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.

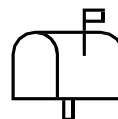
ELIGIBILITY

- Present members of the Hospital Employees' Union, their spouses (including common-law partners), their children, stepchildren and children under their legal guardianship shall be eligible for bursaries.
- Bursaries shall be tenable at any post-secondary educational institution.
- To be eligible, course must commence in 2025-2026 school year (September to June).
- Please use the current 2025-2026 application form (September to June).

Submit your application form by email or mail.



EMAIL:
bursaries@heu.org



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

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

Section A: Contact Information

Applicant Last Name	Applicant First Name
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Are you the working HEU Member: ☐ YES ☐ NO

IF NO, what is your relationship to the **HEU** member (as per “Eligibility” on first page) ☐ CHILD ☐ SPOUSE ☐ _____

Have you Applied for an HEU Bursary before? ☐ YES ☐ NO

IF YES, were you awarded a bursary? ☐ YES ☐ NO

Have you applied for other HEU education funding (i.e. FBA Education Fund) ☐ 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

What program or courses are you taking?	Specialty (if applicable)
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What year of your program/course will you be in from September 2025 – June 2026 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 school or institution where you have been accepted:					

Have you applied for a Canada or Quebec Student Loan? ☐ Yes ☐ No

Have you applied for other scholarships/bursaries? ☐ 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

When will you start and end your program in 2025/2026?	
Start month/year: _____	Finish month/year: _____

Section C: Finances

THIS SECTION ON FINANCES MUST BE CLEAR, PRECISE AND ACCURATE

Estimated finances (money coming in and going out) during your period of study (between September 2025 to June 2026) (Must include all income and expenses for the months you will be in school)	
ESTIMATED EXPENSES (money going out)	ESTIMATED RESOURCES (money coming in)
Tuition Fees (cost of course only)	Bank Balance (current)
Books, supplies (i.e. laptop, textbook)	Part-time income during term (if you will be working)
Rent, mortgage	Canada Student Loan (amount approved for this term)
Food	BC Loan/Provincial Assistance (amount approved for this term)
Transportation (i.e. bus pass or gas)	(EI) Employment Insurance, etc.
Medical (please explain)	Bursaries/scholarships
Child Care	Financial assistance (parents/guardian)
Clothing related to coursework (please explain, i.e. scrubs for work)	Financial assistance (spouse)
Miscellaneous (please explain)	RESP/RRSP/GIC
Exceptional (specify)	Other Income
TOTAL EXPENSES (A) \$	TOTAL RESOURCES (B) \$
(A) – (B) = Need	\$

Section D: Additional Information

Are you married, common law or a single parent?

☐ Yes ☐ No

If yes, please fill in this table:

A. If you are married, common-law or a single parent, complete the following:	
Number of children	Age as of December 31, 2025
Spouse/common-law partner	
Full Name	Address
City	Postal Code
Occupation	Gross Annual Income

Are you a mature student?

☐ Yes ☐ No

(A mature student is defined as students returning to school after more than one-year absence)

If no, and living with your parents/guardians/sponsors, please fill in these tables:

Please fill in sections A & B if you are not applying as a mature student.

A. Information on parents/guardian (if applicable)		
<i>Not necessary if applying as a mature student</i>		
Name	Occupation	Gross Annual Income
Name	Occupation	Gross Annual Income

B. Dependents of your parents/guardian/sponsor (if applicable)	
<i>(Do not include children who are independent/full-time workers)</i>	
Name	Age as of December 31, 2025
Name	Age as of December 31, 2025
Name	Age as of December 31, 2025

Section E: Questionnaire

- 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)?**

CHECKLIST – please make sure you have checked off all the boxes

☐

Application fully completed (incomplete or late applications will **NOT** be considered)

☐

You must Send in Proof of registration for your course

☐

Answered 2 questions

☐

Signed application form

I HEREBY DECLARE that the information in this application is, to the best of my knowledge, correct and complete.

If awarded a bursary, I authorize the Bursary Committee to release my name to the donor of the award, if requested.

Date

Signature of Applicant

This page must be signed

Note: Successful applicants will be required to provide confirmation of enrollment, proof of tuition payment and their social insurance number before their bursary cheque is issued.