ABORIGINAL BURSARY APPLICATION

HSA

For full-time students

Revised: November, 2016

Eligibility and Instructions:

1. HSA provides two $1000 bursaries to Aboriginal students from BC who are continuing or proceeding in any HSA-related field leading to a recognized certification, degree or diploma at a public college, university or other post-secondary educational institution. Preference is given to studies undertaken at a BC institution.

2. Bursaries are ranked by the HSA Education Committee and will be awarded based on financial need, personal statement, special circumstances and commitment to pursue education in an HSA-related field. Previous HSA scholarship or bursary winners are ineligible.

3. Awards must be claimed by November 30 of the year in which they are awarded. Previous HSA scholarship or bursary winners are ineligible.

4. Applications must be completed **in full** and transcripts must be included to be considered.

5. Please send one email that includes your application and transcripts to education@hsabc.org. Please scan and email transcripts, rather than mailing them. Please note: unofficial transcripts and scanned versions of official transcripts are accepted. Applications may be mailed if electronic submission is not possible.

6. Applications must be received by the HSA office or post-marked **by February 24, 2017** to be considered. Funds will be awarded upon verification of registration and attendance in the course/program.

7. All financial information will be kept in confidence in accordance with the *Personal Information Protection Act*.

Please answer all applicable questions carefully

1. Name in full _____ E-mail _____

2. Mailing Address _____

   City _____ Postal Code _____

   Telephone Numbers (home) _____ (work) _____

3. Educational goals and anticipated HSA-related career: _____
   (See attached list of eligible professions)

4. Have you been awarded this scholarship before? ☐ Yes ☐ No

5. Aboriginal Ethnicity: ☐ Métis ☐ Inuit ☐ Non-Status Indian, Nation ☐ Status Indian, Nation

   Band Name and No. _____ Registration No. _____

6. Date of Birth _____

7. Year you completed high school or GED (General Education Diploma)? _____

8. Last two education institutions attended:

Name of Institution **Location** **Dates of Attendance**

_____

_____

9. Program of studies and post-secondary educational institution in which you will be registering:

_____

10. Do you have an RESP? ☐ Yes, amount $ _____ ☐ No

11. (a) Are you eligible for a Canadian or Provincial Student Loan? ☐ Yes ☐ No

(b) If yes, have you applied for a Student Loan? ☐ Yes ☐ No

If no, please give the reason: _____

12. If you are Status Indian or Inuit, have you applied to your band for educational funding?

☐ Yes If yes, what was the response? _____

☐ No If no, please give the reason: _____

13. Total educational debt from Canadian and provincial loans (less loan remission) to date? $ _____

14. If you own a car or other motor vehicles, indicate: Make_____Model_____Year_____

15. Where will you be living this summer? ☐ Parents ☐ Own Home ☐ Rental ☐ Other _____

16. State total value of assets and investments (e.g., savings, bonds, stocks, term deposits, RRSPs): $ _____

17. **Information on parents:**

(i) Are you financially independent of your parents? (i.e. maintain a separate residence year round and receive minimal financial support.)

☐ Yes How long have you been financially independent from your parents?

☐ No *If no, complete (ii) and (iii)*

(ii)

	Parent/Guardian	**Occupation**	**Gross Annual Income**
Parent 1			
Parent 2			

(iii) List dependents of your parents/guardian/sponsor. Do not include children who are independent or working full-time.

Name **Birthdate** **Post-secondary institute attending** *(if applicable)*

_____

_____

_____

18. **Financial information for one academic year:**

Tuition, Books & Incidental Fees _____ Transportation _____ Housing/Living Costs _____ **Total Costs** _____

How will you be paying for your education?

Self / Savings _____% Loans _____% Spouse/Family _____%

What was your gross income for last year? $_____

If you are married and/or have children, please complete the following:

Number of Children _____ Ages _____

Partner's Name Partner's Occupation Annual Income $

_____

Address

_____

What is your estimated household income for this year? $_____

Where will you be living during the academic term?

☐ Parents ☐ Own Home ☐ Rental ☐ Residence ☐ Other

19. Are there additional financial or other challenges you face that the selection committee should be aware of (i.e., medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)?

_____

_____

_____

_____

_____

20. **Personal Statement:**

Please use the space provided in the appendix to write a brief summary of your hobbies, skills, interests and participation in school, community, college, church, sports, etc., activities. *(250 word maximum)*. The Education Committee scores the personal statement by assigning a maximum of five (5) points, with five (5) points for exceptional effort/achievement to one (1) point for minimum effort/achievement.

21. **Academic information:**

(i) Applicants from secondary schools must include an electronic version of their most recent transcript.
(ii) Students applying with previous post-secondary credit (college, university or technical school) must submit an electronic transcript of their most recent period of study.

Transcript emailed with application? ☐ Yes ☐ No

22. I confirm that all of the information provided is correct: Date _____

Submit to: Education Department:
education@hsabc.org
(attach .pdf and transcripts)

180 East Columbia
New Westminster
BC V3L 0G7

Telephone
604/517.0994
Facsimile
604/515.8889

Toll free
1.800/663.2017
Facsimile toll free
1.800/663.6119

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available on-line at www.hsabc.org.

Eligible Occupations

(other appropriate HSA-related professions may be considered)

Administrative Support Worker
Anaplastologist
Aquatic Therapist Art
Therapist
Assessor/Licensing Officer
Assistive Technology Consultant
Audiologist
Biomedical Engineering Technologist
Cardiac Ultrasound Technologist
Cardiology Technologist
Cardiopulmonary Technologist
Child Care/Preschool Support Worker
Child Life Specialist
Clinical Perfusionist
Combined (Lab/X-ray) Technologist
Community Social Services
Computer Services Support Worker
Counsellor
Cytogenetics Technologist
Cytotechnologist
Dental Hygienist
Diagnostic Medical Sonographer
Diagnostic Neurophysiology Tech.
Diagnostic Vascular Technologist
Dietitian
Dosimetrist/Physics Technician
Educator
Electromyography (EMG) Tech.
Electroneurophysiology (ENP) Tech.
Electronystagmography (ENG) Tech.
Exercise Therapist/Specialist
General Support Worker
Genetic Counsellor
Health Records Administrator
Infant Development (IDP) Specialist
Infection Control Practitioner
Librarian
Massage Therapist
Medical Laboratory Technologist
Medical Radiation Technologist
Music Therapist
Neuromuscular Technician
Nuclear Medicine Technologist
Occupational Therapist
Orthopaedic Shoemaker
Orthoptist
Orthotic Aid Fabricator
Orthotics Technician
Orthotist
Pharmacist
Physiotherapist
Polysomnographic Technologist
Preschool Teacher/ECE
Prosthetics Technician
Prosthetist
Psychiatric Nurse (RPN)
Psychologist
PT/OT (Dual-Registered)
Radiation Therapist
Radiotherapy Service Technologist
Recreation Therapist
Rehab/Recreation Support Worker
Remedial Gymnast
Researcher/Analyst
Residential/Outreach Support
Worker
Respiratory Therapist
Seating Devices Technician
Social Program Officer
Social Worker
Speech/Language Pathologist
Supported Child Care Consultant
Testing Technician (Psychometrist)
Vocational Counsellor