

aboriginal bursary application

For full-time students

Revised: November 2009

Eligibility and Instructions:

1. This competition for two \$1000 bursaries is open 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 will be 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, statement of interest, special circumstances and commitment to pursue education in an HSA-related field. Previous HSA scholarship or bursary winners are ineligible.
3. **Awards** must be used in the year in which they are awarded. Previous HSA scholarship or bursary winners are ineligible.
4. Applications will be accepted **after January 1, 2010** by the HSA office, #300 - 5118 Joyce Street, Vancouver, BC V5R 4H1, and must be received by the HSA office or post-marked **by March 1, 2010** to be considered. Funds will be awarded upon verification of registration and attendance in the course/program.
5. Applications must be readable, completed **in full**, and include transcripts to be considered.
6. All financial information will be kept in confidence in accordance with the *Personal Information Protection Act*.

Please print in ink and 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 in which you completed your secondary education (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, state the reason: _____

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

Yes No If yes, what was the response? _____

If no, state 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 no 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/Guardian	Occupation	Gross Annual Income

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)*

(iii) **Special Circumstances:**

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.)?

18. Financial information for one academic year:

Tuition & Incidental Fees	Books & Supplies	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 _____

Spouse's Name Spouse'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. **Statement of interest:**

Please attach a brief summary of your hobbies, skills, interests and participation in school, community, college, church, sports, etc., activities. (250 word maximum). The Education Committee score the statement of interest 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 a copy of their most recent high school transcript.
- (ii) Students applying with previous post-secondary credit (college, university or technical school) must submit a transcript of their most recent period of study.

Transcript enclosed with application? Yes No

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

Signature _____ Date _____

All applicants will be advised in writing about the result of their application by the end of May.

Return to:	Suite 300	Telephone	Toll free
	5118 Joyce Street	604/439.0994	1.800/663.2017
	Vancouver, BC	Facsimile	Facsimile toll free
	Canada V5R 4H1	604/439.0976	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)

Aquatic Therapist	Nuclear Medicine Technologist
Art Therapist	Occupational Therapist
Audiologist	Orthopaedic Shoemaker
Cardiology Technologist	Orthoptist
Child Care Worker	Orthotics Technician
Child Life Specialist	Orthotist
Computer Services	Pharmacist
Counsellor	Physiotherapist
Cytotechnologist	Polysomnographic Technologist
Deaf Educator	Preschool Teacher
Dental Hygienist	Program Coordinator/Manager
Diagnostic Medical Sonographer	Prosthetics Technician
Diagnostic Neurophysiology Technologist	Prosthetist
Diagnostic Technician	Psychiatric Nurse
Dietitian	Psychologist
Dosimetrist	Radiation Therapist
Electromyography Technician	Recreation Therapist
Electronystagmography Technologist	Residence Worker
Family Support Worker	Respiratory Therapist
Health Records Administrator	Seating Devices Technician
Infant Development Program Specialist	Social Worker
Librarian	Speech/Language Pathologist
Massage Therapist	Testing Technician (Psychometrist)
Medical Radiation Technologist	Transition House Worker
Medical Office Administrative Support	Visual Function Assessment Tech.
Medical Laboratory Technologist	Vocational Counsellor/ Instructor
Mould Room Technician	
Music Therapist	
Neuromuscular Technician	