

For full-time students

2020/2021

Revised: October 2020

Eligibility and Instructions:

1. HSA provides two \$1500 bursaries to Indigenous 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.

Note:

Registered Nurse, Residential Care Aid and Licensed Practical Nurse are not an HSA related occupation. For more information on accepted professions, please see the “eligible occupations list attached”. If you have any questions about whether or not the occupation you have selected is eligible, email education@hsabc.org.

2. Bursaries are ranked by the HSA Education Committee and will be awarded based on the 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.
4. Applications must be completed **in full** to be considered. Incomplete applications may not be considered.
5. Please send one email that includes your application to education@hsabc.org. Applications may be mailed if electronic submission is not possible.
6. Applications must be received by the HSA office or post-marked by **January 14, 2021 at 11:59 pm** to be considered. Funds will be awarded upon certification 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.

1. Name in full _____ E-mail _____
2. Mailing Address _____
City _____ Postal Code _____
Telephone Numbers (home) _____ (work) _____
3. Education goals and anticipated HSA-related career: _____
Have you confirmed your occupation is an eligible profession? Yes No
(See attached list of eligible professions)
4. Have you been awarded this scholarship before? Yes No
5. Indigenous Ancestry: Métis ____ Inuit ____ Non-Status Indian ____ Status Indian ____
If you have a Band name or registration number, please provide it below.
Band Name and No. _____ Registration No. _____
6. Date of Birth _____
7. Year of completed high school education 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 education institution in which you will be registering:

Please confirm your program of studies is included in the “eligible professions” attached.
If you are unsure, email education@hsabc.org.
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 not, please give the reason: _____

12. If you are Status Indian or Inuit, have you applied to your band for education 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? \$ _____

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

Yes No

14. 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 _____%

Where will you be living during the academic term?

Parents Own Home Rental Residence Other

Questions 15 & 16 can be submitted in writing or you may opt to send a video of yourself providing the answers. The video should be no longer than 5 minutes for both questions. The video must be uploaded to Google drive. Once uploaded please share the link to: education@hsabc.org.

15. Please let the committee know why you are looking for financial assistance. Please include details on any additional financial or other challenges you face that you want the selection committee to consider i.e., medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)? (250 words maximum – or video as above)

16. Personal Statement:

Using the attached page, tell us why you decided to enter your chosen field. Why are you passionate about this area? What do you hope to achieve? (250 word maximum written statement or video as above)

17. If you have any comments or feedback on the application process, please provide it below.

I confirm that all of the information provided is correct, and I consent to HSA collecting, using and disclosing my personal information in accordance with the following privacy statement.

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation.

By completing this form, I am consenting to have HSA use the submitted information for the purposes of determining whether I am eligible for a bursary.

I am consenting to HSA publishing my name in the list of bursary winners in the Report, HSA's quarterly magazine publication, if HSA awards me a bursary.

Signature: _____ Date: _____

Submit to:	Education Department:	180 East Columbia	Telephone	Toll free
	education@hsabc.org	New Westminster	604.517.0994	1.800.663.2017
		BC V3L 0G7	Facsimile	Facsimile toll free
			604.515.8889	1.800.663.6119

Personal Statement Answer

Using this page, tell us why you decided to enter your chosen field. Why are you passionate about this area? What do you hope to achieve? (250 word maximum written statement or video as above)

Please see the attached list of HSA related eligible occupations.

Eligible Occupations

(other appropriate HSA-related professions may be considered)

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

Contact education@hsabc.org if you have questions about other HSA related fields.



INDIGENOUS BURSARY APPLICATION

<u>Score</u>	Financial Need	Score 1 – 3 1 = minimal need 3 = modest need 3 = great need
<u>Score</u>	Special Circumstances	Score 1 – 3 1 = minimal need 3 = modest need 3 = great need
<u>Score</u>	Personal Statement (Commitment to pursuing education in an HSA related field)	Score 1 – 3 1 = minimal commitment 3 = modest commitment 3 = great commitment