Delta Hospital Auxiliary Office

5800 Mountain View Blvd

Delta, BC V4K 3V6

604-946-1121 Loc 783212

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# STUDENT BURSARY

**INTRODUCTION**

Delta Hospital Auxiliary was begun in 1969, and is a major volunteer service provider and fund-raising organization supporting Delta Hospital. In appreciation for the public support that we have received over the years the Auxiliary awards six bursaries of $1,500.00 each, awarded at the discretion of the Auxiliary Bursary Committee. We also provide two staff bursaries, and there is a Barb McCurdy special bursary.

**ELIGIBILITY.**

Applicants must be involved in or entering the field of Health Care

Applicant must be a current Delta resident for a period not less than two years

To receive the award, successful candidates must furnish proof of course registration from an approved institution, along with their Social Insurance Number, to business.manager@dhas.ca by September 15.

**DOCUMENTATION REQUIRED**

Proof of two years residency in Delta

Photocopy of most recent academic records

Two recent letters of reference (school, employment, volunteering)

Proof of validation for volunteer hours

Personal letter detailing financial need for the Bursary, career area chosen, reason for pursuing this career and services made to this community

**SUBMISSION**

Please complete and submit the application form (page 2) with all documentation.

Incomplete applications will not be considered. Applications may be delivered to the Delta Hospital reception desk, or mailed to the Office. Faxes will not be accepted. If you use email, be sure you have a confirmation of receipt.

**CLOSING DATE**

**May 1** annually. The successful applicant will be advised before **June 15th**.For more information please contact bursaries@dhas.ca, or call 604-375-7100

**DELTA HOSPITAL AUXILIARY SOCIETY**

**STUDENT BURSARY 2023 APPLICATION FORM**

**To:**

Bursary Committee, Delta Hospital Auxiliary Office, 5800 Mountain View Blvd., Delta. V4K 3V6

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents to be submitted:

* Proof of two years residency in Delta
* Photocopy of most recent academic records
* First recent letter of recommendation (school, employment, volunteering)
* Second recent letter of recommendation (school, employment, volunteering)
* Proof of validation of volunteer hours.
* Personal letter detailing
	+ financial need for the Bursary,
	+ career area chosen,
	+ reason for pursuing this career and
	+ services made to this community.
* Optional requirement - Headshot type photograph for publicity purposes

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_