Delta Hospital Auxiliary Office

5800 Mountain View Blvd

Delta, BC V4K 3V6

604-946-1121 Ext. 783212

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# STUDENT BURSARY

**INTRODUCTION**

Delta Hospital Auxiliary was formed 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. Funds are awarded at the discretion of the Auxiliary Bursary Committee.

**ELIGIBILITY.**

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

Each applicant must be a current Delta resident (for a period not less than two years)

Successful candidate must furnish proof of registration as of September 30th from an approved institution as well as Social Insurance Number to kwells@dhas.ca (and cc to bursaries@dhas.ca)

**DOCUMENTATION REQUIRED**

1. Proof of two years residency in Delta
2. Photocopy of most recent academic records
3. Two recent letters of reference (prefer school, employment, volunteering)
4. Proof of validation for volunteer hours
5. Personal letter detailing
6. financial need for the Bursary
7. career area chosen
8. reason for pursuing this career
9. services made to this community

Optional

 A head shot photo which we may use in our social media advertising

**SUBMISSION**

Please complete and submit the application form with all required documentation.

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

**CLOSING DATE**

**May 1st**. The successful applicant will be advised by June May 31st. For more information please contact bursaries@dhas.ca or call 604-946-1121, Ext. 783212

**DELTA HOSPITAL AUXILIARY SOCIETY**

**STUDENT BURSARY APPLICATION FORM**

**To:** Bursary Committee, Delta Hospital Auxiliary Office, 5800 Mountain View Blvd., Delta, B.C. V4K 3V6 bursaries@dhas.ca

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

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

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

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

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

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

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

Documents to be submitted (hard copies, or emailed pdf files):

* Proof of two years residency in Delta
* Photocopy of most recent academic records
* First recent letter of reference (prefer - school, employment, volunteering)
* Second recent letter of reference (prefer - school, employment, volunteering)
* Proof of validation for volunteer hours (50 per year preferred)
* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_