Delta Hospital Auxiliary Office

5800 Mountain View Blvd

Delta, BC V4K 3V6

[Dh.auxiliary@dhas.ca](mailto:Dh.auxiliary@dhas.ca) 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 student 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 or registration from an approved institution to [accounting@dhas.ca](mailto:accounting@dhas.ca) (and cc to [bursaries@dhas.ca](mailto:bursaries@dhas.ca)) by September 30.

**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
   1. financial need for the Bursary,
   2. career area chosen,
   3. reason for pursuing this career and
   4. 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 (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. Emailed submissions, but no faxes, will 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 by **June 15th**.For more information please contact [bursaries@dhas.ca](mailto:bursaries@dhas.ca), or call 604-946-1121 L 783212

**DELTA HOSPITAL AUXILIARY SOCIETY**

**STUDENT BURSARY APPLICATION FORM**

**To:**

Bursary Committee, Delta Hospital Auxiliary Office, 5800 Mountain View Blvd., Delta. 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 – if possible during Covid)
* 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