

**DELTA HOSPITAL AUXILIARY SOCIETY**

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**STUDENT BURSARY 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 (utility bill, Property Tax notice, Report card with address
* Photocopy of most recent academic records
* First recent letter of reference (eg. school, employment, volunteering)
* Second recent letter of reference (eg. school, employment, volunteering)
* Proof of validation for volunteer hours (not one of the letters of reference)
* Personal letter detailing financial need for the Bursary, career area chosen, reason for pursuing this career and services made to this community.

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