* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED *



2022-2023 BURSARY APPLICATION

Mail to: Hospital Employees' Union BURSARY COMMITTEE 5000 North Fraser Way BURNABY, B.C.V5J 5M3

Fax to: 604-739-1510

Email to:

Bursaries@heu.org

DEADLINE: August 2, 2022 at 5:00pm

PLEASE PRINT IN DARK INK AND ANSWER ALL APPLICABLE QUESTIONS LEGIBLY

Applicant Last Name	Applicant First Name
Date	

General application for the Hospital Employees' Union Bursary Program, administered by the Bursary Committee under the direction of the Provincial Executive. Information collected is for the purpose of allocating bursaries only, except as otherwise stated in this application.

ELIGIBILITY

- Present members of the Hospital Employees' Union, their children, stepchildren and children under the legal guardian, and spouses (including common-law and same-sex partners) shall be eligible for bursaries.
- Bursaries shall be tenable at any post-secondary educational institution.
- To be eligible, course must commence in 2022-2023 school year (Sept. to June).
- Please use the current 2022-2023 application form (Sept. to June).

Applicant Last Name		Applicant First Name				
Telephone (Home)		Telephone (Cell)				
Email		,				
APPLICANT MAILING ADDRESS		APPLICANT PERMANENT ADDRESS (if different)				
Address		Address				
City	Postal Code	City	Postal Code			
Date you completed your secondary education		Year	Month			

APPLICATION FOR BURSARY - PAGE 2 OF 6 Please indicate if you are applying as a mature student (adult returning to school Yes No											
	re than one year absence):										
Last two ed	lucational ins	titutions	attended (i	f appli	cable):					<u>]</u>	
Name				Парри	Name						
Address					Address						
City		Postal	Code		City Postal			Postal Co	ode		
Attendance	Dates (Year and	d Month)			Attendance Dates (Year and Month)						
DI : 1:		17					lı :C	1: 1.1			
Please Indi	cate program	and/or c	ourses beir	ng таке	n	Specia	іту іт ар	plicable			
What year	of your progr	am/cour	se will vou	he in d	uring the	2022/2	023 terr	m·			
1	or your progr	2	3	DC III G	4		25 (61)	5	Ot	her	
Name of in	stitution whe	re you ha	ave been ac	ccepted	d						
Please answ	er these two o	questions	on two sep	oarate _l	pieces of p	oaper ar	nd attac	h to this ar	oplication	າ.	
 How have unions benefited your family or your community (400 words maximum)? Is there any other information you would like to share in support of your application (400 words maximum)? 											
Have you s	Have you submitted an application for a Canada or Quebec student loan? Yes No						No				
Total educational debt from CSL/Provincial loans (less loan remission, if appropriate). Include funds authorized for this academic period											
	EMPLOYER			TYPI	E OF WOR	KK		GROSS	SINCOM	 E	
*P	lease include all	income su	oports related	to COV	ID-19 from	the Feder	al and Pr	ovincial gov	ernments		
MAY											
JUNE											
JULY											
AUGUST											
What is your estimated net income from the summer (2022)?											
Income for upcoming school year											

APPLICATION FOR BURSARY - PAGE 3 OF 6 Own Home Rented Where will you be living this summer? If you will be working part-time during the academic term, please complete the following **Employer** Wage per month Estimated average number of hours worked Own Home Other **Parents** Rented University Where will you be living during the Residence academic term: State type and value of assets and/or investments (e.g. bonds, stocks, Date of purchase term deposits, etc.) THIS SECTION ON EXPENSES AND RESOURCES MUST BE CLEAR, PRECISE AND ACCURATE ESTIMATED EXPENSES AND RESOURCES FOR UPCOMING ACADEMIC 2022/2023 TERM (must include all income and expenses) **ESTIMATED ANNUAL RESOURCES ESTIMATED ANNUAL EXPENSES Tuition Fees** Bank Balance (Sept 1) Books, supplies Part-time income during term Canada Student Loan Rent, mortgage BC Loan/Provincial Assistance Food (EI) Employment Insurance, etc Transportation Medical Bursaries/scholarships Child care Financial assistance (parents) Clothing Financial assistance (spouse) Miscellaneous Spouse (family) income Exceptional (specify) RRSP/GIC Other Income **TOTAL EXPENSES TOTAL RESOURCES**

\$

Total Expenses less Total Resources = Need

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Information on Parents: (if applicable	ole) – not necessary	if applying as a mat	ure student	
Name	Occupation		Gross Annual Income	
Name	Occupation		Gross Annual Income	
Dependents of your parents/guar	dian/sponsor: (Do	o not include children	who are independent/full-time workers)	
Name	Age as of December 31, 2021		School in Sept 2022 to June 2023	
Name	Age as of December 31, 2021		School in Sept 2022 to June 2023	
Name	Age as of December 31, 2021		School in Sept 2022 to June 2023	
If you are married, common-law p	artner or a single	e parent, complete	e the following:	
Number of children		Age as of December 31, 2021		
Spouse/common-law partner				
Full Name		Address		
City		Postal Code		
Occupation		Annual Income		
Occupation		Annual Income		

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ACADEMIC INFORMATION: Students applying with previous post-secondary credit(college or university) must submit a transcript of their most recent period of study. Add additional courses as required.

TO BE COMPLETED BY SCHOOL OFFICIAL (or PROVIDE TRANSCRIPTS)

Subject	Mark or Grade fo	or Courses	Predicted Final Mark for Current	
	Completed		Courses	
English 11				
English 12				
Social Studies 11				
Law 11				
Economics 11				
History 12				
Geography 12				
Computer Science 11				
Biology 11				
Biology 12				
Chemistry 11				
Chemistry 12				
Physics 11				
Physics 12				
French 11				
French 12				
German 11				
German 12				
Spanish 11				
Spanish 12				
Geology 12				
Math 11				
Math 12				
Name of School		Telephone		
Name of Principal/Counsellor		Signature of Principal/Counsellor		

*NOTE: If transfer standing (T.S.) granted, previous secondary school transcripts are required.

Mature students must be identified if marks are not available

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I HEREBY DECLARE that the information in this application is to the best of my knowledge correct and completed. If awarded a bursary, I authorize the Bursary Committee to release the following information to the donor of the award, if requested.

- Name
- Address
- Telephone Number
- Information relevant to special requirements of awards and background from this application.

application.					
Date	Signature of Applicant				
Please complete this section with t	he details of the Hi	EU member whom	you are related or associated with		
HEU Member's name		Member Since			
Relationship to HEU member (as per e	eligibility on page 1)				
Home address		City			
Telephone (Home)		Telephone (Cell)			
Email					
HEU Local Name (not HEU)		HEU Site name where member works			
If HEU Member is on Long Term Disability, please identify last worked					
Facility	Local		Date		
Incomplete and late	e applications	s will <u>NOT</u> be	considered;		

- Successful applicants <u>must</u> supply proof of tuition payment prior to bursary cheques being issued.
- Please supply proof of registration with your application.

Have you ever applied for an HEU bursary?	No	Yes	When
Were you successful?	No	Yes	When