

BURSARY APPLICATION

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

DEADLINE: AUGUST 3, 2018 at 5:00 pm

PLEASE PRINT IN DARK INK Date: ______

Name of Applicant:

Last Name First Name

General application for the Hospital Employees' Union Bursary Program, administered by the Bursary Committee under the direction of the Provincial Executive

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 2018-2019 school year (Sept. to June).
- Please use the current 2018-2019 application form (Sept. to June).

PLEASE PRINT IN DARK INK AND ANSWER ALL APPLICABLE QUESTIONS LEGIBLY ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Other APPLICANT: _ HOME PHONE: _____ CELL PHONE: ____ EMAIL: __ **MAILING** ADDRESS: P.O. Box/Apt.# Street # and Name Postal Code **PERMANENT** ADDRESS: _ P.O. Box/Apt.# Street # and Name Postal Code (if different) PLEASE ENSURE THAT YOUR POSTAL CODE IS INCLUDED

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Date you comp	oleted you	r secondar	y educatio	on:	th			Year
Please indicate	e if you ai	e applying	g as a mai			rning to	school afte	
than one year	•		Yes N		(8 **		
Last two educ	cational in	stitutions	attended	(if applicable):			
Name of Insti	tution		Addr	ess			Dates of A	Attendance
Please indicate	o program	and/or o	courses be	aing takan		1 1 1 1		
Specialty if app	plicable _				1 2 2 1 2 1			
What year of	•	•	•	ou be in durin	ng the 2018	8/2019 t	erm:	
please circle:	1 2	2 3	4 5					
Name of insti	tution wh	ere you h	ave been	accepted:				
What is your o	opinion of	unions and	I the role t	they place in th	ne workford	ce? (Not	more than	150 words)
What do you	think of p	oicket line	s?					
Have you subr	mitted an	applicatio	n for a C	anada or Que	ebec stude	nt loan?	Yes	☐ No
Total education	nal debt	from CSL	/Provincia	ıl loans (less l	oan remiss	sion, if a	ppropriate.	.) Include
funds authoriz	zed for th	is academ	ic period:	:\$				
	Employe	r		Type of Wo	ork	Gross	Income(s)	
May								
June							1	
July								
August								
What is your	estimated	l net inco	me from	the summer ((2018)? _			-
Income for up	ocoming s	chool yea	r?					

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Where will you be living this summer?	☐ Parents ☐ Own Home ☐ Rented		
If you will be working part-time during	the academic term, please complete the following:		
Name of employer:			
Estimated average number of hours wo	rked: per month		
Wage:	\$ per month		
Where will you be living during the aca	demic term:		
	Rented University Residence Other vestments (e.g. bonds, stocks, term deposits, etc.),		
	JRCES FOR UPCOMING ACADEMIC 2018/2019 TERM e all income and expenses)		
Estimated Annual Expenses	Estimated Annual Resources		
Tuition fees	Bank balance, Sept. 1		
Books, supplies	Part-time income during term		
Rent, mortgage	Canada Student Loan		
Food	BC Loan/Provincial Assistance		
Transportation	El- Empl. Ins., etc.		
Medical	Bursaries/scholarships		
Child care	Financial assistance (parents)		
Clothing	Financial assistance (spouse)		
Miscellaneous	Spouse (family) income		
Exceptional (specify)	RRSP/GICs		
	Other income		
TOTAL EXPENSES	TOTAL RESOURCES		
Total Expenses less Total Resources = N	Need \$		

This section on expenses and resources must be clear, precise and accurate.

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Information on Parents: (if applicable) — not necessary if applying as a mature student.

Father:				
	Name	Occupation	Gross Annual Income	
Mother:	Name	Occupation	Gross Annual Income	
Б		•	Gross Annual Income	
•	s of your parents/gu	·		
(Do not include	e children who are indepo	endent/full-time workers)		
Name		Age as of December 31/17	School in Sept/18 to June/19	
		parent, complete the following:		
Number of	children:	Ages:		
Spouse:				
spouse.	Full Name	Address		
	Occupation	Annual Income		
If there are please expla		ces which make it necessary for you to	apply for a bursary,	

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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.

TO BE COMPLETED BY SCHOOL OFFICIAL (OR PROVIDE TRANSCRIPTS)

Subject	Mark or Grade for Courses Completed	Predicted Final Mark for Current Courses
English I I		
English 12		
Social Studies 11		
English Literature 12		
Law II		
Economics 11		
History 12		
Geography 12		
Computer Science II		
Algebra II		
Algebra 12		
Probability 12		
Geometry 12		
Biology I I		
Biology 12		
Chemistry I I		
Chemistry 12		
Physics I I		
Physics 12		
French II		
French 12		
German II		
German 12		
Beg. Spanish 11		
Spanish 12		
Earth Science II		
Geology 12		
Western Civilization 12		
Writing II		
Composition 11		
Name of School:	т	elephone No:
Signature: (Principal/Counse	llor)	

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

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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 relative to special requirements of awards and background from this application.

 _	
Date	Signature of Applicant
HEU member's name:	
Relationship to HEU member (as per eligibilit	ty on page one):
If HEU member is on Long Term Disabilit	ity, please identify the facility, local and date last worked
facility: local:	date:
HEU local name:	
Member since:	
Site name where you work:	
Home address:	
Home number:	Cell number:
Email address:	
■ Incomplete and late applic	cations will <u>NOT</u> be considered;
■ Successful applicants must	
payment prior to bursary	, .
■ Please supply proof of reg	istration with your application.
Have you ever applied for an HEU bursary?	☐ Yes ☐ No When?
Were you successful?	☐ Yes ☐ No When?