

\* INCOMPLETE APPLICATIONS **WILL NOT** BE CONSIDERED \*



# BURSARY APPLICATION

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

**DEADLINE: July 31, 2020 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 2020-2021 school year (Sept. to June).
- Please use the current 2020-2021 application form (Sept. to June).

### PLEASE PRINT IN DARK INK AND ANSWER ALL APPLICABLE QUESTIONS LEGIBLY

Mr.     Mrs.     Miss     Ms.     Other

APPLICANT: \_\_\_\_\_  
Last Name First Name

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box/Apt. # Street # and Name City Postal Code

PERMANENT ADDRESS: \_\_\_\_\_  
(if different) P.O. Box/Apt. # Street # and Name City Postal Code

**PLEASE ENSURE THAT YOUR POSTAL CODE IS INCLUDED**

## APPLICATION FOR BURSARY - PAGE 2 OF 6

Date you completed your secondary education: \_\_\_\_\_  
Month Year

Please indicate if you are applying as a mature student (adult returning to school after more than one year absence):  Yes  No

Last two educational institutions attended (if applicable):

Name of Institution	Address	Dates of Attendance
---------------------	---------	---------------------

_____	_____	_____
_____	_____	_____

Please indicate program and/or courses being taken: \_\_\_\_\_

Specialty if applicable \_\_\_\_\_

What year of your program/course will you be in during the 2020/2021 term:

please circle: 1 2 3 4 5

Name of institution where you have been accepted: \_\_\_\_\_

What is your opinion of unions and the role they place in the workforce? (Not more than 150 words)

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

What do you think of picket lines? \_\_\_\_\_

\_\_\_\_\_

Have you submitted an application for a Canada or Quebec student loan?  Yes  No

Total educational debt from CSL/Provincial loans (less loan remission, if appropriate.) Include

funds authorized for this academic period: \$ \_\_\_\_\_

EMPLOYER

TYPE OF WORK

GROSS INCOME(S)

*\* Please include all income supports related to COVID-19 from the Federal and Provincial governments.*

May \_\_\_\_\_

June \_\_\_\_\_

July \_\_\_\_\_

August \_\_\_\_\_

What is your estimated net income from the summer (2020)? \_\_\_\_\_

Income for upcoming school year? \_\_\_\_\_

**APPLICATION FOR BURSARY - PAGE 3 OF 6**

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 worked: \_\_\_\_\_ per month

Wage: \_\_\_\_\_ \$ per month

Where will you be living during the academic term:

Parents  Own Home  Rented  University Residence  Other

State type and value of assets and/or investments (e.g. bonds, stocks, term deposits, etc.), including date of purchase:

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

**ESTIMATED EXPENSES AND RESOURCES FOR UPCOMING ACADEMIC 2020/2021 TERM  
(must include all income and expenses)**

**Estimated Annual Expenses**

Tuition fees \_\_\_\_\_  
Books, supplies \_\_\_\_\_  
Rent, mortgage \_\_\_\_\_  
Food \_\_\_\_\_  
Transportation \_\_\_\_\_  
Medical \_\_\_\_\_  
Child care \_\_\_\_\_  
Clothing \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
Exceptional (specify) \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**Estimated Annual Resources**

Bank balance, Sept. 1 \_\_\_\_\_  
Part-time income during term \_\_\_\_\_  
Canada Student Loan \_\_\_\_\_  
BC Loan/Provincial Assistance \_\_\_\_\_  
EI- Empl. Ins., etc. \_\_\_\_\_  
Bursaries/scholarships \_\_\_\_\_  
Financial assistance (parents) \_\_\_\_\_  
Financial assistance (spouse) \_\_\_\_\_  
Spouse (family) income \_\_\_\_\_  
RRSP/GICs \_\_\_\_\_  
Other income \_\_\_\_\_

**TOTAL RESOURCES** \_\_\_\_\_

Total Expenses less Total Resources = Need \$ \_\_\_\_\_

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



**APPLICATION FOR BURSARY - PAGE 5 OF 6**

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)**

<b>Subject</b>	<b>Mark or Grade for Courses Completed</b>	<b>Predicted Final Mark for Current Courses</b>
English 11	_____	_____
English 12	_____	_____
Social Studies 11	_____	_____
English Literature 12	_____	_____
Law 11	_____	_____
Economics 11	_____	_____
History 12	_____	_____
Geography 12	_____	_____
Computer Science 11	_____	_____
Algebra 11	_____	_____
Algebra 12	_____	_____
Probability 12	_____	_____
Geometry 12	_____	_____
Biology 11	_____	_____
Biology 12	_____	_____
Chemistry 11	_____	_____
Chemistry 12	_____	_____
Physics 11	_____	_____
Physics 12	_____	_____
French 11	_____	_____
French 12	_____	_____
German 11	_____	_____
German 12	_____	_____
Beg. Spanish 11	_____	_____
Spanish 12	_____	_____
Earth Science 11	_____	_____
Geology 12	_____	_____
Western Civilization 12	_____	_____
Writing 11	_____	_____
Composition 11	_____	_____

Name of School: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: (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*

## APPLICATION FOR BURSARY - PAGE 6 OF 6

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

***Please complete this section with the details of the HEU member whom you are related or associated with.***

HEU member's name: \_\_\_\_\_

Member since: \_\_\_\_\_

Relationship to HEU member (as per eligibility on page one): \_\_\_\_\_

*If HEU member is on Long Term Disability, please identify the facility, local and date last worked*  
facility: \_\_\_\_\_ local: \_\_\_\_\_ date: \_\_\_\_\_

HEU Local name (not HEU): \_\_\_\_\_

HEU Site name where member works: \_\_\_\_\_

Member's Home address: \_\_\_\_\_

Member's Home number: \_\_\_\_\_ Member's Cell number: \_\_\_\_\_

Member's Email address: \_\_\_\_\_

- **Incomplete and late applications will NOT be considered;**
- **Successful applicants must 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?  Yes  No When? \_\_\_\_\_

Were you successful?  Yes  No When? \_\_\_\_\_