

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



BURSARY APPLICATION

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

DEADLINE: AUGUST 18, 2016 at 12:00 noon

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 2016-2017 school year (Sept. to June).
- Please use the current 2016-2017 application form (Sept. to June).

PLEASE PRINT IN DARK INK AND ANSWER ALL APPLICABLE QUESTIONS LEGIBLY

Mr. Mrs. Miss Ms.

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
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_____	_____	_____
_____	_____	_____

Please indicate program and/or courses being taken: _____

Speciality if applicable _____

What year of your program/course will you be in during the 2016/2017 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)
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____

What is your estimated net income from the summer (2016)? _____

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 2016/2017 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 4 OF 6

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

Dependants of your parents/guardian/sponsor:
(Do not include children who are independent/full-time workers)

Name	Age as of December 31/15	School in Sept/16 to June/17
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are married or a single parent, complete the following:

Number of children: _____ Ages: _____

Spouse: _____
Full Name Address
Occupation Annual Income

If there are special circumstances which make it necessary for you to apply for a bursary, please explain below?

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)**

Subject	Mark or Grade for Courses Completed	Predicted Final Mark for Current Courses
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	_____	_____
Spanish 12	_____	_____
Beg. Spanish 11	_____	_____
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

HEU member's name: _____

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: _____

Member since: _____

Site name where you work: _____

Home address: _____

Home number: _____ Cell number: _____

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? _____