

For full-time students

Revised: October 2024

Eligibility and Instructions:

1. HSA provides two \$2000.00 bursaries to Indigenous students from BC who are continuing or proceeding in any HSA-related field leading to a recognized certificate, diploma, or degree at a public post-secondary educational institution.

Note:

- Registered Nurse, Residential Care Aid, and Licensed Practical Nurse are not HSA related occupations. For more information on accepted professions, please see the Eligible Occupations list (see pages 7 and 8). If you have any questions about whether the occupation you have selected is eligible, email education@hsabc.org.
- 2. Bursaries are ranked by the HSA Education Committee and will be awarded based on the financial need, personal statement, special circumstances, and commitment to pursue education in an HSA-related field.
- 3. Awards must be claimed by November 30 of the year in which they are awarded. **Previous HSA scholarship or bursary winners are ineligible.**
- 4. Applications must be completed **in full** to be considered.
- 5. Generative Artificial Intelligence (AI) submissions will not be accepted.
- 6. Please send one email that includes your application to education@hsabc.org.
 Applications may be mailed if electronic submission is not possible.
- 7. Applications must be received by the HSA office or post-marked by Friday, **January** 10, 2025, at 11:59pm to be considered. Funds will be awarded upon verification of registration and attendance in the course/program.
- 8. All financial information will be kept in confidence in accordance with the Personal Information Protection Act.



Please Answer all Applicable Questions

First and Last Name			
Email			
Mailing address			
City		_ Postal Code	·
Province	Phone numbe	er	
Education goals and an	ticipated HSA-related care	er:	
	your occupation is an Elig	•	
	d this bursary before?		
Indigenous Ancestry: C	☐ Métis ☐ Inuit ☐ F	First Nations	(status or non-status)
If you have a Band or re	egistration number, please	provide it be	elow.
Band Name and Number	er:		
Registration Number: _			
Last two education insti	itutions attended:		
Name of Institution	Location		Date of Attendance



8.	Program of studies and post-secondary institution for upcoming academic year:				
9.	Do	you have a RESP? Yes, amount \$ No			
10.	a)	Are you eligible for a Canadian or Provincial Student Loan? ☐ Yes ☐ No			
	b)	If yes, have you applied for a Student Loan? $\hfill\Box$ Yes $\hfill\Box$ No If not, please give the reason:			
11.	•	ou are Status First Nations or Inuit, have you applied to your band for education ding?			
	□ '	Yes If yes, what was the response?			
		No If no, please give the reason:			
12.	Tota	al current educational debt?			
13.	Are	you financially independent of your family? (i.e., maintain a separate residence			
	yea	r-round and receive minimal financial support). ☐ Yes ☐ No			
14.	Wh	at was your last year's income?			



15. Financial information for one academic year:

Tuition, Books, & Incidental Fees	Transportation	Housing/Living Costs	Total Costs

16.	How will you be pay	ing for your educati	ion?	
	Self/Savings	% Loans	% Spouse/Family	
17.	Where will you be liv	ving during the acad	demic year?	
	☐ Parents/Family	☐ Own home	☐ Rental Residence	□ Other



- * Questions 18 & 19 can be submitted in writing, or you may opt to send a video of yourself providing the answers. The video should be no longer than five minutes for both questions. The video must be uploaded to Google drive. Once uploaded please share the link to education@hsabc.org.
- 18. Please let the committee know why you are looking for financial assistance. Please include details on any additional financial or other challenges you face that you want the selection committee to consider, i.e., medical condition or extenuating family circumstances requiring additional finances, single parenthood, etc. (Maximum of 250 words)

word count:



19. Personal Statement:

Tell us why you decided to enter your chosen field. Why are you passionate about this area? What do you hope to achieve? (Maximum of 250 word)

word count:



I confirm that all the information provided is correct, and I consent to HSA collecting, using, and disclosing my personal information in accordance with the following privacy statement.

ISA is committed to using the personal information we collect in ccordance with applicable privacy legislation.
By completing this form, I am consenting to have HSA use the ubmitted information for the purposes of determining whether I am ligible for a bursary.
I am consenting to HSA publishing my name in a list of bursary winners an HSA publication, if HSA awards me a bursary.
ignature:Date:
ubmit to:

Education Department:

(Attach .pdf)

New Westminster Education@hsabc.org BC, Canada V3L OG7

180 East Columbia

Telephone 604-517-0994 **Facsimile** 604-515-8889

1-800-663-2017 **Facsimile toll free** 1-800-663-6119

Toll free



Eligible Occupations

(Other appropriate HSA-related professions may be considered)

Administrative Support Worker

Anesthesia Assistant Aquatic Therapist

Art Therapist Audiologist

Behaviour Interventionist Behaviour Support Consultant Bioinformatics Technologist

Biomedical Engineering Technologist

Biostatistical Analyst

Cancer Research Technologist Cardiac Exercise Specialist Cardiology Technologist

Cardiopulmonary Technologist

Child Life Specialist

Child and Youth Counsellor

Clinical Counsellor

Clinical Exercise Physiologist

Combined Laboratory/X-Ray Technologist

Community Case Manager

Computer Services Support Worker (IT Admin)

Computational Biologist

Counsellor

Cyclotron Operator

Cytogenetics Technologist

Cytotechnologist Dental Hygienist

Dietitian

Diagnostic Neurophysiology Technologist

Diagnosis Vascular Technologist

Disciplines Allied to Social Work (formerly

Social Program Officer)
Early Childhood Educator
Education Consultant

Educator

Electroneurophysiology (ENP) Technologists

including:

Electroencephalography (EEG) Electromyography (EMG) Evoked Potentials (EP)

Electronystagmography (ENG) and

Polysomnography

Environmental Health Officer

Genetic Counsellor Genomics Technologist

Health Information Management Administrator

Hospice Counsellor

Infant Development Program (IDP) Consultant

Infection Control Practitioner

Kinesiologist Legal Advocate

Librarian

Licensing Officer Massage Therapist

Medical Imaging Technologists including:

Angiography

Cardiac Sonographer CT Technologist

Diagnostic Medical Sonographer

Fluoroscopy

General Radiography Interventional Radiology

Magnetic Resonance Imaging Technologist

(MRI)

Medical Radiation Technologist (X-Ray)

Mammography

Nuclear Medicine Technologist



Medical Laboratory Technologist

Mental Health Counsellor Mental Health Liaison Mental Health Worker

Molecular Genetics Technologist

Music Therapist

Neuromuscular Technologist

Occupational Therapist

Orthoptist

Orthotic Aid Fabricator
Orthotics Technician

Orthotist

Outreach Support Worker Palliative Care Counsellor Pathologists Assistant

Podiatrist (Orthopaedic Shoemaker)

Perfusionist Pharmacist

Physics Assistant Physiotherapist

Physiotherapist/Occupational Therapist (Dual

Registered)

Polysomnography Technologist

Preschool Teacher Program Coordinator Prosthetics Technician

Prosthetist Psychologist

Psychometrist (Testing Technician)

Public Health Engineer Public Health Inspector Quality Assurance Specialist

Radiochemist

Radiation Therapist

Radiation Therapy Service Technologist

Radiological Technologist

Radiopharmaceutical Chemistry Technologist

(Radiochemist)
Recreation Therapist

Rehab/Recreation Support Worker

Rehabilitation Counsellor Registered Psychiatric Nurse

Remedial Gymnast Research Assistant Research Coordinator

Residential Support Worker

Resource Coordinator Respiratory Therapist Respite Care Coordinator Seating Devices Technician

Social Worker

Speech Language Pathologist Spiritual Care Practitioner Substance Use Counsellor

Support Worker

Supported Child Development Consultant

Supported Child Care Consultant Transition Services Coordinator

Victim Services Worker Vocational Counsellor

Volunteer Resources Coordinator

Youth Care Counsellor

Contact education@hsabc.org if you have questions about other HSA related fields.



Financial Need Rubric

Three points maximum

Criteria	Level 1	Level 2	Level 3
Financial Need	Minimal Financial	Modest Financial	Great Financial
	Need	Need	Need

Special Circumstances Rubric

Three points maximum

Criteria	Level 1	Level 2	Level 3
Special	Minimal Special	Modest Special	Exceptional Special
Circumstances	Circumstances	Circumstances	Circumstances

Personal Statement

Three points maximum

Criteria	Level 1	Level 2	Level 3
Commitment to pursing education in an HSA-related field	Minimal Commitment	Modest Commitment	Exceptional Commitment