

ABORIGINAL BURSARY APPLICATION



For full-time students

2017

Eligibility and Instructions:

1. HSA provides two \$1000 bursaries to Aboriginal students from BC who are continuing or proceeding in any HSA-related field leading to a recognized certification, degree or diploma at a public college, university or other post-secondary educational institution.
2. Bursaries are ranked by the HSA Education Committee and will be awarded based on financial need, personal statement, special circumstances and commitment to pursue education in an HSA-related field. Previous HSA scholarship or bursary winners are ineligible.
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** and transcripts must be included to be considered.
5. Please send one email that includes your application and transcripts to **education@hsabc.org**. Please scan and email transcripts, rather than mailing them. Please note: unofficial transcripts and scanned versions of official transcripts are accepted. Applications may be mailed if electronic submission is not possible.
6. Applications must be received by the HSA office or post-marked **by February 23, 2018** to be considered. Funds will be awarded upon verification of registration and attendance in the course/program.
7. All financial information will be kept in confidence in accordance with the *Personal Information Protection Act*.

Please answer all applicable questions carefully

1. Name in full _____ E-mail _____
2. Mailing Address _____
City _____ Postal Code _____
Telephone Numbers (home) _____ (work) _____
3. Educational goals and anticipated HSA-related career: _____
(See attached list of eligible professions)
4. Have you been awarded this scholarship before? ☐ Yes ☐ No
5. Aboriginal Ethnicity: ☐ Métis ☐ Inuit ☐ Non-Status Indian, Nation ☐ Status Indian, Nation
Band Name and No. _____ Registration No. _____
6. Date of Birth _____
7. Year you completed high school or GED (General Education Diploma)? _____

page 1 of 5

8. Last two education institutions attended:

Name of Institution

Location

Dates of Attendance

9. Program of studies and post-secondary educational institution in which you will be registering:

10. Do you have an RESP? ☐ Yes, amount \$ _____ ☐ No

11. (a) Are you eligible for a Canadian or Provincial Student Loan? ☐ Yes ☐ No

(b) If yes, have you applied for a Student Loan? ☐ Yes ☐ No

If no, please give the reason: _____

12. If you are Status Indian or Inuit, have you applied to your band for educational funding?

☐ Yes If yes, what was the response? _____

☐ No If no, please give the reason: _____

13. Total educational debt from Canadian and provincial loans (less loan remission) to date? \$ _____

14. If you own a car or other motor vehicles, indicate: Make _____ Model _____ Year _____

15. Where will you be living this summer? ☐ Parents ☐ Own Home ☐ Rental ☐ Other _____

16. State total value of assets and investments (e.g., savings, bonds, stocks, term deposits, RRSPs): \$ _____

17. **Information on parents:**

(i) Are you financially independent of your parents? (i.e. maintain a separate residence year round and receive minimal financial support.)

☐ Yes How long have you been financially independent from your parents?

☐ No *If no, complete (ii) and (iii)*

(ii)

Parent/Guardian

Occupation

Gross Annual Income

Parent 1

Parent 2

- (iii) List dependents of your parents/guardian/sponsor. Do not include children who are independent or working full-time.

Name	Birthdate	Post-secondary institute attending (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. **Financial information for one academic year:**

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

How will you be paying for your education?

Self / Savings _____% Loans _____% Spouse/Family _____%

What was your gross income for last year? \$ _____

If you are married and/or have children, please complete the following:

Number of Children _____ Ages _____

Partner's Name	Partner's Occupation	Annual Income \$
_____	_____	_____

Address _____

What is your estimated household income for this year? \$ _____

Where will you be living during the academic term?

☐ Parents ☐ Own Home ☐ Rental ☐ Residence ☐ Other

19. Are there additional financial or other challenges you face that the selection committee should be aware of (i.e., medical condition/extenuating family circumstances requiring additional finances, single parent, etc.)?

20. **Personal Statement:**

Please use the space provided in the appendix to write or attach a brief summary of your hobbies, skills, interests and participation in school, community, college, church, sports, etc., activities. *(250 word maximum)*. The Education Committee scores the personal statement by assigning a maximum of five (5) points, with five (5) points for exceptional effort/achievement to one (1) point for minimum effort/achievement.

21. **Academic information:**

- (i) Applicants from secondary schools must include an electronic version of their most recent transcript.
- (ii) Students applying with previous post-secondary credit (college, university or technical school) must submit an electronic transcript of their most recent period of study.

Transcript emailed with application? ☐ Yes ☐ No

22. I confirm that all of the information provided is correct: Date _____

Submit to:	Education Department:	180 East Columbia	Telephone	Toll free
	education@hsabc.org	New Westminster	604/517.0994	1.800/663.2017
	(attach .pdf and transcripts)	BC V3L 0G7	Facsimile	Facsimile toll free
			604/515.8889	1.800/663.6119

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available on-line at www.hsabc.org.

Eligible Occupations

(other appropriate HSA-related professions may be considered)

Administrative Support Worker	Massage Therapist
Anaplastologist	Medical Laboratory Technologist
Aquatic Therapist Art Therapist	Medical Radiation Technologist
Assessor/Licensing Officer	Music Therapist
Assistive Technology Consultant	Neuromuscular Technician
Audiologist	Nuclear Medicine Technologist
Biomedical Engineering Technologist	Occupational Therapist
Cardiac Ultrasound Technologist	Orthopaedic Shoemaker
Cardiology Technologist	Orthoptist
Cardiopulmonary Technologist	Orthotic Aid Fabricator
Child Care/Preschool Support Worker	Orthotics Technician
Child Life Specialist	Orthotist
Clinical Perfusionist	Pharmacist
Combined (Lab/X-ray) Technologist	Physiotherapist
Community Social Services	Polysomnographic Technologist
Computer Services Support Worker	Preschool Teacher/ECE
Counsellor	Prosthetics Technician
Cytogenetics Technologist	Prosthetist
Cytotechnologist	Psychiatric Nurse (RPN)
Dental Hygienist	Psychologist
Diagnostic Medical Sonographer	PT/OT (Dual-Registered)
Diagnostic Neurophysiology Tech.	Radiation Therapist
Diagnostic Vascular Technologist	Radiotherapy Service Technologist
Dietitian	Recreation Therapist
Dosimetrist/Physics Technician	Rehab/Recreation Support Worker
Educator	Remedial Gymnast
Electromyography (EMG) Tech.	Researcher/Analyst
Electroneurophysiology (ENP) Tech.	Residential/Outreach Support Worker
Electronystagmography (ENG) Tech.	Respiratory Therapist
Exercise Therapist/Specialist	Seating Devices Technician
General Support Worker	Social Program Officer
Genetic Counsellor	Social Worker
Health Records Administrator	Speech/Language Pathologist
Infant Development (IDP) Specialist	Supported Child Care Consultant
Infection Control Practitioner	Testing Technician (Psychometrist)
Librarian	Vocational Counsellor

