

ABORIGINAL BURSARY APPLICATION



2017

For full-time students

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. Preference is given to studies undertaken at a BC 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)? _____

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

