

Health Careers Bursary Initiative

Purpose:

To assist students of Aboriginal ancestry who wish to pursue educational opportunities leading to careers in the health professions. The Health Careers Initiative is committed to supporting as many students as possible; therefore allocations will be up to a maximum of \$3,500.00 for students registered in a Health Career Program in British Columbia.

Who Can Apply:

Canadian citizens of Aboriginal ancestry who have resided in British Columbia for the last 12 months, excluding time spent in foreign academic institutions. Proof of Aboriginal ancestry may be provided in the form of written confirmation from Indian and Northern Affairs Canada, a copy of a valid Indian Status card, or a letter from an official of an accredited Aboriginal organization.

Individuals will have a demonstrated financial need. Level of education should be acceptable for enrolment in a professional health careers program. A professional health careers program is a post-secondary program in a federally recognized college or university that provides a degree or diploma qualifying graduates for employment in an accredited health career profession, such as medicine, nursing, dentistry, health administration, traditional medicine (please demonstrate connection to the field of health).

The HCI supports individuals with a demonstrated commitment to a Healthy Life Style

How to Apply:

Please read the instructions on the application form carefully. All required documentation should be included with the completed application form. All mailed applications will be accepted if the postmark is on or before the deadline.

Applications must be submitted by June 26, 2009

Attention to:



First Nations Health Council
Health Careers Coordinator
#1205 - 100 Park Royal South
West Vancouver, BC V7T 1A2
Phone: 604.913.2080
Toll-Free: 1.866.913.0033



First Nations Health Council

Bursary Application

Health Careers Initiative

Submit Application to:
Health Careers Initiative
#1205 - 100 Park Royal South
West Vancouver, BC V7T 1A2

For more information, please contact us at:
Tel. (604) 913 2080
Toll Free 1 866 913 0033
Fax (604) 913 2081
www.fnhc.ca

APPLICATION INSTRUCTIONS

Please complete the application form fully. If a question does not apply to you, mark it NA (not applicable). Incomplete forms will not be considered.

These documents must be included with your application:

- an official transcript sent by the appropriate educational institution showing your present level of education (no unofficial transcripts or photocopies accepted);
- a letter from the college or university stating that you have been accepted for enrolment in the program for which you are requesting a bursary (photocopy accepted);
- proof of Aboriginal ancestry;
- an original letter of recommendation from a teacher or employer; and
- Letter of Interest as indicated from item Number 18.

If there is any change to your contact information after submission, please send updated information immediately. Failure to provide current telephone and address may result in unnecessary delay in processing.

GENERAL INFORMATION

1. Family name					Given names										
2. Complete mailing address (No., Street, Apt. No., R.R. No.)								(City or Town)							
(Province)		(Postal Code)		Telephone		Email									
				()											
3. Place of birth															
Number of dependents <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more															
Full name, age and date of birth of each dependent. You must enclose birth or baptismal certificates for each person you are claiming as dependent.															
Name		Age	Day	Date of birth		Month	Year	Name		Age	Day	Date of birth		Month	Year
A.								C.							
B.								D.							
5. Are you of aboriginal ancestry?			6. Are you a Canadian citizen?			7. Date of birth			8. Tribal/Band affiliation						
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			Day			Month			Year			
9. Have you lived in B.C. for the last 12 months, excluding time spent in a foreign academic institutions?				<input type="checkbox"/> Yes		10. Have you applied to this program in the past?				11. Amount received		Academic year(s) received			
						<input type="checkbox"/> Yes <input type="checkbox"/> No				\$					

EDUCATION

12. What is your present level of education? <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Upgrading <input type="checkbox"/> College <input type="checkbox"/> University														
13. What secondary school did you attend? Year of Graduation?					List completed certificates and/or degrees.					What was your most recent GPA?				
14. Name and location of the institution in which you will be enrolled.										Acceptance by institute confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Give the name of the health careers program in which you will be/are enrolled.										What will your accreditation be upon completion of this program?				
16. Give the beginning and anticipated graduation date for your program					From					To				
17. If you intend to take other health career studies after the one you are in or applying for, describe their nature and duration.														
18. On an additional sheet of paper, (double spaced, typed) describe in your own words why you feel you would be well suited for the health profession you have chosen, where you would like to eventually work, your career objectives, how your eventual goals will contribute to improve health for aboriginal communities and any additional information which you think might help the Bursary Review Board to better assess your application.														

FINANCIAL ASSISTANCE REQUIRED

18. Give the start and finish dates for the period covered by this application		Start ▶	Finish ▶
19. ACADEMIC YEAR EXPENSES		ANNUAL INCOME*	
Academic year expenses	Amount	Source	Amount
Tuition	\$		\$
Books, etc.	\$		\$
Rent and utilities	\$		\$
Food	\$		\$
Transportation (Home to school)	\$	Total annual Income	\$
Other (Explain)	\$	Total academic year expenses	\$
	\$	Subtract difference	\$
TOTAL EXPENSES FOR THE ACADEMIC YEAR	\$	AMOUNT OF BURSARY REQUESTED	\$

*include all sources of income (eg. Band or community funding for tuition, books and supplies, Band or community funding living allowance, child benefit allowance, partner or family contribution, personal contribution from summer or part-time employment, student loan, etc.)

STATEMENT OF APPLICANT

Signature

Date

I solemnly swear that to the best of my knowledge, the information contained in this application is complete and accurate.
