



# 2017 EDUCATION BURSARY AWARD INFORMATION SHEET FOR CHILDREN AND/OR GRANDCHILDREN OF VGH GRADUATES

**Please read this notice carefully before filling out  
your application form.**

A bursary award given by the VGH/SON Alumnae Association through the Education Committee is a reimbursement award.

This means the courses must be completed in the previous academic year  
(between September 01, 2016 to August 31, 2017)

You must be continuing in your nursing studies unless you  
completed your program in 2017

# 2017 EDUCATION BURSARY AWARD INFORMATION SHEET FOR CHILDREN &/OR GRANDCHILDREN OF VGH GRADUATES

V.G.H. School of Nursing Alumnae Association Education Committee  
855 West 12<sup>th</sup> Avenue, Vancouver, B.C. V5Z 1M9 (604) 875-4111, Local 62049

**Please read this notice carefully before filling out your application form.**

**Purpose:** To provide financial assistance to children &/or grandchildren of VGH graduates pursuing studies in a nursing education program.

**Source of Funds:** This association has bursary awards available to VGH graduates and children of VGH graduates. The money allotted is based on annual interest accrued from the Harvey/Cain Endowment Fund, the Eileen Lewis Johnston Memorial Fund, the Grace Sterling Smith Fund, the Margaret Faulkner Fund, private donations and the Alumnae Association education funds.

**Priority:** VGH Graduates will be given first priority followed by children and/or grandchildren of VGH graduates who are residents of BC before other children residing elsewhere in other countries.

<b><u>BURSARY AWARD CATEGORIES</u></b>		
<b>\$1,000.00*</b> (or less) towards a Degree Program:	<b>\$700.00*</b> (or less) towards a Degree Program:	<b>\$500.00*</b> (or less) towards a Non Degree Program
Baccalaureate	Baccalaureate	e.g. Basic RN program
Masters	Masters	LPN program
Doctorate (Full time)	Doctorate (part time)	

\* (or less) - at the discretion of the Education Committee based on the funds available.

**ELIGIBILITY:** Children and/or grandchildren of Graduates of the V.G.H. School of Nursing program or UBC/VGH Collaborative Nursing Program.  
Parent/grandparent must be a paid up member V.G.H. School of Nursing Alumnae Association (\$20.00 yearly fee).  
Program must be applicable to nursing related studies.  
Courses must be taken between September 01, 2016 and August 31, 2017

**APPLICATION AND DEADLINE:** Applications are available through the Alumnae office or at [www.vghnursingschoolalumnae.com](http://www.vghnursingschoolalumnae.com)

**September 30, 2017** All documentation must accompany the application form and be submitted to the Alumnae office no later than September 30, 2017.

**ENROLMENT IN EDUCATION PROGRAM:** All applicants must provide proof of current enrolment in an education program. A letter of acceptance from the Registrar's Office is required for an academic program.

**BURSARY AWARDS:** The Education Committee will determine these awards in October and all candidates will be notified by mail or email.  
Note: Priority consideration will be given to those candidates who have not previously received educational funding. Eligible candidates may be chosen by random selection when funds are limited.

**APPLICATION WITHDRAWAL:** Please notify the Education Committee, in writing c/o Alumnae office as soon as possible if you are withdrawing your application.

**NAMES PUBLISHED:** The names of the successful bursary award candidates will be published in the

**VGH BURSARY AWARD APPLICATION FORM 2/3**

**I. GENERAL INFORMATION: (Please print)**

Name: \_\_\_\_\_  
(Surname) (Given Names)

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

SIN: \_\_\_\_\_

**II. VGH/SON Alumnae Association Membership**

Parent and/or grandparent's name at graduation: \_\_\_\_\_

VGH Graduation class: \_\_\_\_\_ year: \_\_\_\_\_

Has your parent/grandparent renewed his/her membership for this year?

Yes: \_\_\_\_\_

No: \_\_\_\_\_ (If no, please enclose a \$20 cheque in CDN Funds payable to: VGHSON Alumnae Association)

**III. Alumnae Funds**

Have you ever previously received VGH/SON Alumnae educational funds?

Yes: \_\_\_\_\_ Year(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_

No: \_\_\_\_\_

**IV.**

**BURSARY AWARD AGREEMENT AND SIGNATURE**

In the event I receive a bursary award, I agree:

1. to acknowledge receipt of the cheque in writing
2. to return the award to the VGH/SON Alumnae Association if I am unable to use the money for my studies
3. to have my name published in the VGH/SON Alumnae Association Spring Newsletter
4. to have my parent/grandparent's name published in the VGH/SON Alumnae Spring Newsletter

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## VGH BURSARY AWARD APPLICATION FORM 3/3

**\*PLEASE COMPLETE ONE OF THE FOLLOWING: "A", "B" or "C"**

I am applying for:

**A) \$1,000.00 Bursary Award \_\_\_\_\_**

Toward a: Degree Program: Baccalaureate \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

For full time study, i.e. as defined by 50% or greater of credits for a full time academic school year. (To be validated by a letter from the Registrar).

**B) \$700.00 Bursary Award \_\_\_\_\_**

Toward a: Degree Program: Baccalaureate \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

For part time study, i.e. less than 50% credits for a full time academic school year.

**C) \$500.00 Bursary Award \_\_\_\_\_**

Toward a: Non Degree Program e.g. Basic RN Course \_\_\_\_\_  
Basic LPN Course \_\_\_\_\_

**COURSE DETAILS:**                      **INSTITUTION** \_\_\_\_\_

**NB: Courses listed must be between Sept 1, 2016 and Aug. 31, 2017**

<u>Course Name</u>	<u># of Credits</u>	<u>Cost</u>	<u>Dates: Start(D/M/Yr)</u>	<u>Finish(D/M/Yr)</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

**APPLICATION DETAILS:** In order for your application to be processed, the following documentation must accompany your application:

1. \_\_\_ Covering letter outlining your educational goals.
2. \_\_\_ Two letters of reference dated in this bursary year from a teacher, professor, nurse educator, former employer, or colleague.
3. \_\_\_ Confirmation of current enrolment by letter/form signed by an official representing the college/university in which you are enrolled.
4. \_\_\_ SIN number
5. \_\_\_ Statement of fees paid for courses taken between Sept 1, 2016 and Aug. 31, 2017