



2019 EDUCATION BURSARY AWARD INFORMATION SHEET FOR 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, 2018 to August 31, 2019)

You must be continuing in your nursing studies unless you
completed your program in 2019.

2019 EDUCATION BURSARY AWARD INFORMATION SHEET FOR VGH GRADUATES

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

Purpose: to provide financial assistance to VGH graduates continuing in a nursing education program

Source of Funds: This association has bursary awards available to its members. 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: To graduates who are residents of BC before graduates residing elsewhere in Canada

BURSARY AWARD CATEGORIES:

A) \$2,000.00* (or less) towards a Degree Program: Baccalaureate Masters Doctorate (Full time)	B) \$1,000.00* (or less) towards a Degree Program: Baccalaureate Masters Doctorate (Part time)	C) \$500.00* (or less) towards a Non Degree Program e.g. Post Basic Certificate Refresher Course	D) \$250.00* (or less) towards a: Workshop Conference Seminar Convention
* (or less) - at the discretion of the Education Committee based on the funds available.			

ELIGIBILITY: Graduate of the V.G.H. School of Nursing program or UBC/VGH Collaborative Nursing Program.
 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, 2018 and August 31, 2019

APPLICATION AND DEADLINE: Applications are available through the Alumnae office or at www.vghnursingschoolalumnae.com
September 30, 2019 **All documentation including proof of provincial/territory registration must accompany the application form and be submitted to the Alumnae office no later than September 30, 2019.**

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 SON Alumnae Association Spring Newsletter.

VGH GRADUATE BURSARY AWARD APPLICATION FORM 2/3

Mailing Address: VGH SON Alumnae Association
Education Committee
855 West 12th Avenue
Vancouver, B.C. V5Z 1M9

Please read the attached "Education Bursary Information Sheet" before completing this application form.

The deadline for accepting application forms is SEPTEMBER 30, 2019.

I, the undersigned, do hereby apply to the Vancouver General Hospital School of Nursing Alumnae Association for a bursary award to enable me to further my education in Nursing.

I. GENERAL INFORMATION: (Please print)

Name: _____

(Surname)

(Given Names)

Name at Graduation: _____ Date of Birth: _____

V.G.H. Graduation Class: _____ Year: _____

Or UBC/VGH Collaborative Nursing Program (1992-1998) Year: _____

Address: _____

_____ Postal Code: _____

Mailing Address (if different): _____

Email address _____

Telephone Number(s): H: _____ W: _____

Social Insurance Number _____

II. VGH S.O.N. ALUMNAE ASSOCIATION MEMBERSHIP:

Have you renewed your membership for this year?

Yes _____

No _____ (If No, please enclose a \$20.00 cheque in Canadian Funds payable to:

V.G.H. S.O.N. Alumnae Association.)

III. ALUMNAE FUNDS:

Have you ever previously received V.G.H. S.O.N. 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.

Date: _____ Signature _____

Applicant

VGH GRADUATE BURSARY AWARD APPLICATION FORM 3/3

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

I am applying for:

- A) \$2,000.00 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) \$1,000.00 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. Post Basic Certificate _____ Refresher Course _____ Other _____

COURSE DETAILS: INSTITUTION _____

Course Name	# of Credits	Cost	Dates: Start(D/M/Yr)	Finish(D/M/Yr)
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 nurse educator, professor, nurse manager, clinical nurse specialist, 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. ___ Nursing registration number in Canadian province or territory.
5. ___ SIN number
6. ___ Statement of fees paid.

- D) \$250.00 Bursary Award** _____
 Toward a: Workshop _____ Conference _____ Seminar _____ Convention _____ Other _____

COURSE DETAILS: INSTITUTION _____

Course Name	# of Credits	Cost	Dates: Start(D/M/Yr)	Finish(D/M/Yr)
1.				
2.				
3.				

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

- | | |
|-------------------------------|---|
| 1. Covering letter of intent. | 2. Copy of course and/or pamphlet. |
| 3. Statement of Fees Paid | 4. Certificate of Attendance (photocopy). |

Date: _____ Signature: _____
Applicant

Please mail your application to:

V.G.H. School of Nursing Alumnae Association
Education Committee
855 West 12th Avenue,
Vancouver, B.C.
V5Z 1M9