

**GLACIER VIEW AUXILIARY SOCIETY
HIGH SCHOOL BURSARY**

APPLICATION FORM

CONTACT INFORMATION

Full Legal Name: _____

Permanent/Mailing Address: _____

Phone #'s: Cell _____ Home: _____

Email: _____ Student ID #: _____

PROOF OF ENROLMENT – CURRENT AND PROPOSED

1. Applicants must provide a copy of their most up to date high school transcripts and anticipated graduation date.
2. Applicants must provide proof of enrolment by providing a pre-registration and/or registration copy of enrolment provided by the registrar of the chosen post-secondary education institution.

LETTERS OF INTENT AND REFERENCES

1. A letter in 200 words or less indicating future education/career plans and need for financial assistance.
2. Community volunteer experience over the past 2 years, with contact names and phone #s.
3. A letter of Personal Reference.

DECLARATION (Please include this signed declaration with your application)

I hereby declare that the information on this application is, to the best of my knowledge, correct and complete. If any of the information in this application should change, I understand that it is my responsibility to advise the Glacier View Auxiliary's Bursary Committee in writing.

I understand that the information I have provided will be used solely for the adjudication and administration of the award available through the Glacier View Auxiliary Society. I understand and hereby consent to the publication of my name, if selected, as the recipient of the Bursary provided by the Glacier View Auxiliary Society in news releases and on the Society's website.

Signature: _____ Date: _____

GLACIER VIEW AUXILIARY SOCIETY - HIGH SCHOOL BURSARY

The Glacier View Auxiliary Society Bursary has been created to assist a graduating Comox Valley high school student who wishes to continue their studies in the field of healthcare at a Comox Valley post-secondary institution. The value of the award is \$500.00.

APPLICATION CRITERIA

- Applicant must be graduating from grade 12 in the Comox Valley School district in the current year.
- Applicants must complete a Glacier View Lodge Bursary Application Form, and submit it to the Auxiliary Bursary Committee on or before March 15th of their graduating year. (The application may be forwarded via the Counsellors' office at the applicant's school.)
- Applicants must be continuing their studies at a Comox Valley post secondary school in a healthcare field and be able to provide proof of registration in a post-secondary healthcare program of the student's choice prior to the receipt of the bursary. Payment of the bursary will be paid directly to the post secondary institution.
- As GPA will be considered, applicants must provide authenticated school transcripts verifying academic standing.
- Applications should provide a written overview for their career choice and how they intend to pay for their education and training.
- Applicants should identify their community involvement in healthcare and/or volunteer work with other community agencies and provide contact information or letters of reference from the agencies listed.

SUMMARY

1. You must be a Comox Valley graduating Grade 12 student enrolling in a Comox Valley post-secondary institution in a healthcare field such as healthcare, activity aide or a nursing program.
2. Your submission should include:
 - A cover letter outlining how you meet the required criteria listed above
 - A photocopy of your most recent grades
 - Proof of application or registration in an appropriate C.V. post-secondary healthcare program
 - Copies of any relevant reference letters you may have
 - A completed Glacier View Auxiliary Bursary application form. Copy of application is available through your school counsellor office, and/or online at www.glacierviewauxiliarysociety.com

**** Please note – Awards must be spent within 18 months of graduation from secondary school.**