

Successful applicants will be contacted by phone or e-mail. Bursaries will be paid directly to the post- secondary institution upon receipt of registration documentation and your student ID at the post-secondary institution.

## **Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (with Postal Code) \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_

**Where to Send Your Application: DO NOT SUBMIT TO YOUR SCHOOL**

Completed Applications should be sent to:

Auxiliary Society for Comox Valley Healthcare  
Box 1312 STN A  
Comox, B.C. V9M 7Z8

**OR**

E-mail to: [secretary@comoxvalleyauxiliary.ca](mailto:secretary@comoxvalleyauxiliary.ca)

**SIGNED DECLARATION: Please include this signed declaration with your application:**

I hereby declare that 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 Auxiliary Society for Comox Valley Healthcare in writing.

I understand and hereby consent to the publication of my name and photo, if selected, as the recipient of the Bursary in news releases printed by the Auxiliary Society for Comox Valley Healthcare on their website, newsletters and/or local newspaper.

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