



Auxiliary Society for Comox Valley Healthcare

STUDENT BURSARY APPLICATION 2026 Application Deadline – May 15, 2026

Eligibility:

To be eligible to apply for the \$5,000.00 Bursary students must:

1. Be graduating from Grade 12 in the Comox Valley or currently be enrolled in a Healthcare program at North Island College in the Comox Valley.
2. Be planning to attend a post-secondary institution to study in a healthcare field.

AND

3. Have at least 30 hours of volunteering time in a Healthcare related field.

Application Requirements:

1. This completed application form.
2. A letter of reference from a teacher, principal, school counselor or other professional, that describes your level of commitment, contributions to your school and personal characteristics that will have an impact on your success in your chosen field.
3. A letter from the Healthcare agency describing your volunteer work.
4. A description of your future plans and why you feel you qualify for this award and your need for financial assistance. Include why, when, where and how long you volunteered. Indicate what Healthcare field you will be entering and at which post-secondary institution.
5. Most recent marks available.
6. Signed declaration: (below)

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

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: _____