

# British Columbia Health Care Bursary

Ministry Use Only

## BURSARY APPLICATION FORM

The British Columbia Health Care Bursary has been established to help train health care workers in areas where there is a demonstrated skill shortage and to assist health care workers to keep pace with changing technology and preventative care needs.

### PLEASE READ CAREFULLY

Up to \$1 Million in bursary funding is awarded annually, in areas where there are skill shortages, to qualified applicants that have the greatest financial need. These bursaries will range from \$500 to \$3,500. Applicants are only eligible to receive **one** award in a twelve-month period. **All** applicants will be notified of the results **by mail** approximately 6 weeks **after** the deadline date. The status of your application is not available on line.

### Bursary Award Periods and Deadlines (CHECK ONLY ONE BOX)

- January to April (Deadline, 4:30 p.m., November 15)
- May to August (Deadline, 4:30 p.m., March 15)
- September to December (Deadline, 4:30 p.m. July 15)

### WHO IS ELIGIBLE?

You may apply for a Health Care Bursary if you meet **ALL** of the following:

- You have been a permanent resident of BC for the last 12 months; **AND**
- You are not in default of a BC student loan; **AND**
- During the bursary period for which you are applying, you are enrolled in an **ELIGIBLE** health care program of study at least 4 months in length, at a BC public post-secondary school, St. Paul's Hospital or BC Cancer Agency program, that leads to a Certificate, Diploma or Degree recognized for practice in BC (See Appendix A for a list of eligible institutions and programs); **AND**
- You can demonstrate financial need.

### APPLICATION PROCEDURE:

Students wishing to be considered for this bursary opportunity, and who meet the eligibility requirements, must complete and return a **Health Care Bursary** application form to:

**Health Care Bursary**  
Student Services Branch  
PO Box 9173 Stn Prov Govt, Victoria BC V8W 9H7  
Phone: (250) 387-0064 (in Victoria) (604) 660-2610 (in the lower Mainland) 1-800-561-1818 (toll-free in Canada)

**Ensure all questions are answered neatly and in ink. Applications must be received at Student Services Branch on or before 4:30 p.m. on the deadline date for the bursary period.**

**FAXED OR E-MAILED APPLICATION FORMS ARE NOT ACCEPTABLE**

**Incomplete or Late Applications Will Not Be Processed**

**ALL APPLICATIONS ARE SUBJECT TO VERIFICATION AND AUDIT (review Section D before completing)**

## Section A - Personal Information

01 Last Name

02 First Name & Initial(s)

03 ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS

Mailing Address



04 City/Town

05 Province

06 Postal Code

07 Area Code

Telephone Numbers




08 E-mail Address (optional)

**ADDRESS CHANGES** - TO ENSURE YOU RECEIVE ALL CORRESPONDENCE  
You **MUST** notify the Health Care Bursary (HCB) Program **directly** at  
AVED.SpecialPrograms4@gov.bc.ca OR by phone, see page one for telephone  
numbers, and transfer to the unit responsible for the HCB.

09 Social Insurance Number

10 Date of Birth

Year Month Day

11 Gender

Male Female



12 Status (Mark only one box)

Single Parent Married Common Law Separated/Divorced






13 Number of Dependents

Under 18 Over 18 and in Full Time Study



14 Citizenship

Canadian Landed Immigrant Convention Refugee or a Protected Person as defined in the Immigration and Refugee Protection Act




15 Residency - Resident of BC for the last 12 months

YES

NO

16 Are you in default of a BC Student Loan?

YES

NO

If you are in default, you are not eligible for this program.

## Section B - Study Information

17 Institution Code

(see Appendix A)

18 Program Code

(see Appendix A)

19 Date Classes Start \*(see below)

YEAR MONTH DAY

20 Date Classes End

YEAR MONTH DAY

21 Course Load

FULL TIME PART TIME



22 Student Number (If Known)

23 While you are in school will you be living with your parent(s)/step-parent, sponsor or legal guardian?

YES

NO

24 Is this program offered at an institution in your area?

YES

NO

25 If NO, will you have to relocate to another city in order to access this program?

YES

NO

26 If you have to relocate, will your family (dependents) be remaining behind for employment or school?

YES

NO

\* Your class start date is the first date of classes in the current program year

- To be eligible for a bursary, the school must be able to confirm your enrolment in an eligible program
- You must be attending classes during the bursary period for which you are applying

### PLEASE NOTE:

While we understand you may have special circumstances that do not meet the criteria, we are unable to consider any applications that do not meet the stated eligibility requirements. Please read the section "Who is Eligible" very carefully and ensure that your institution and program code are listed in Appendix A included with this application form. Check our website at [www.bcsap.bc.ca](http://www.bcsap.bc.ca) for the most up-to-date information.

# Section C – Financial Information – Please Read Carefully

**WILL YOU BE APPLYING FOR STUDENT LOANS FOR THE BURSARY PERIOD YOU CHECKED ON PAGE ONE?**  YES  NO

- If **YES**, and you have received your notice of assessment, complete **ONLY** question **27** in this section
- If **YES**, and you have not yet received your notice of assessment, please submit your application for a student loan as soon as possible (you can do this on line at [www.bcsap.bc.ca](http://www.bcsap.bc.ca)) and **ALSO** complete section **28-31**
- If **NO**, complete questions **28-31** in this section

If you are receiving student loans from a province other than BC, please submit a copy of the notice of assessment from the province that issued the loan.

## 27 APPLICANT – Student Loans

The following information can be found on your notice of assessment letter, or by accessing your file on our website at [www.bcsap.bc.ca](http://www.bcsap.bc.ca) Follow the Check Application Status link. You will need your Social Insurance Number, Application Number and Date of Birth to access your file.

FROM YEAR MONTH	TO YEAR MONTH	Eligible/Assessed Need	Total Amount Awarded (including CSL, BCSL and Grant)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

### Instructions on how to report income for yourself and your spouse or common law partner:

List all gross (before tax) income for yourself and your spouse or common law partner for the **12 month period ending** with the **last** month of the bursary period for which you are applying.

**FOR EXAMPLE:** If you are applying for the May to August 2006 bursary period, list income for the 12 months up to and including August 2006. For income not yet received, please estimate as accurately as possible.

**INCLUDE:** income from employment, self-employment, investments, EI, Income Assistance, child support, alimony, gifts from family/friends etc.

**DO NOT INCLUDE:** Child Tax Credit or GST

## 28 APPLICANT – Income (See complete instructions above)

**Will you be receiving funding from any OTHER source to take this program?\***  YES  NO

\*(will anyone other than yourself/your spouse/your parents be paying for your tuition, books and/or living expenses?)

If “YES” then enter the source and amount of funding below. If you are receiving funding from Human Resources and Skills Development Canada (HRSDC), Employment Insurance (EI), or the Ministry of Employment and Income Assistance (MEIA) please check with your worker or counselor, before applying for this bursary, as they may require you to repay any bursary funding.

Report all other income here **EXCEPT** student loans for this bursary period. If you have applied for student loans – see Question 27.

Source of Income <small>For example, provide name of employer, type of Federal or Provincial Government Funding, or indicate self employed, etc.</small>	FROM YEAR MONTH	TO YEAR MONTH	Total Gross Income for Period
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Total Gross (before tax) Income for 12 months (see Instruction above)</b>			<b>\$ <input type="text"/></b>

## 29 APPLICANT – Assets (enter “0” if no value)

A. How much money do you have in your savings account? .....	\$ <input type="text"/>
B. What is the total value of your RRSPs? Enter 0 if none .....	\$ <input type="text"/>
C. What is the total value of your term deposits, GICs, stocks, bonds, mutual funds etc.? (Do not include RRSPs) .....	\$ <input type="text"/>
<b>Total Assets</b>	<b>\$ <input type="text"/></b>

## 30 SPOUSE OR COMMON LAW PARTNER – Income (See instructions above)

Source of Income <small>For example, provide name of employer, type of Federal or Provincial Government Funding, or indicate self employed, etc.</small>	FROM YEAR MONTH	TO YEAR MONTH	Total Gross Income for Period
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Total Gross (before tax) Income for 12 months (see Instruction above)</b>			<b>\$ <input type="text"/></b>

## 31 SPOUSE OR COMMON LAW PARTNER – Assets (enter “0” if no value)

A. How much money do you have in your savings account? .....	\$ <input type="text"/>
B. What is the total value of your RRSPs? Enter 0 if none Year Month Day If you are entering RRSPs please provide spouse Date of Birth <input type="text"/>	\$ <input type="text"/>
C. What is the total value of your term deposits, GICs, stocks, bonds, mutual funds etc.? (Do not include RRSPs) .....	\$ <input type="text"/>
<b>Total Assets</b>	<b>\$ <input type="text"/></b>

## Section D – Declaration

## Important Document – Read, Sign and Date

I hereby declare that the information I have provided in this application form is, to the best of my knowledge, correct and complete. I acknowledge that this information may be used to determine my eligibility for a needs-based bursary from the British Columbia Health Care Bursary, and to determine whether I must repay any such bursary if I do not complete my eligible health care program of study.

### I - I understand that:

1. making statements that are not true, or that are misleading, may be considered fraud. Fraud is against the law in Canada. Misleading or untrue statements can result in me having to repay all or part of the bursary awarded to me.
2. it is my responsibility to make sure that the information on this application is true and correct.
3. if I receive a Health Care Bursary and do not complete the eligible health care program period of study for which the bursary is awarded, I will repay the bursary, with interest, as required by the Student Services Branch.
4. the Health Care Bursary is taxable income and must be reported to Canada Revenue Agency.
5. priority will be given to those eligible applicants who have not received any other provincially funded bursaries in the last twelve months.
6. eligibility for this program will be governed by Health Care Bursary policy criteria.

### II - I understand that by signing below it means:

1. I have answered all questions on the application that pertain to me.
2. I certify that all the information is complete and accurate.
3. I meet all of the eligibility requirements for this program, as set out in this application form, including that I am not in default of a BC student loan.
4. for the purpose of verifying and/or investigating information pertaining to this application and related documents, and for the purpose of determining whether I will be required to repay any bursary I may receive, I consent to the exchange of information between the Ministry of Advanced Education (or person designated by the Ministry) and the following agencies: Canada Revenue Agency, Ministry of Employment and Income Assistance, Ministry of Health, Ministry of Children and Family Development, Financial Institutions, Institutions, Federal Department of Human Resources and Skills Development Canada (HRSDC), Ministry of Finance, Ministry of Small Business and Revenue, Crown Corporations, City Departments, Federal and Provincial departments/agencies.

### COLLECTION AND USE OF PERSONAL INFORMATION

The information included in this form and authorized above is collected under the authority of the British Columbia Student Assistance Program (BCSAP). The information provided will be used to determine eligibility for a benefit under the Health Care Bursary. If you have any questions about the collection and use of this information, contact the Administrator, Special Programs, Student Services Branch, Ministry of Advanced Education, PO Box 9173, Stn Prov Govt, Victoria BC V8W 9H7, telephone: (250) 387-6100, (604) 660-2610 (in the BC lower mainland), or 1-800-561-1818 (toll-free in Canada/USA). TTY line for the deaf or hearing impaired (250) 952-6832.

<b>SIGNATURE OF STUDENT (in ink)</b>	<b>PRINT NAME</b>	<b>DATE SIGNED</b>
		YEAR MONTH DAY <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>

## Section E- Canada Revenue Agency Consent Form

## Important Document – Read, Sign and Date

For the purpose of verifying the data provided in this application for a Health Care Bursary, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education (or a person delegated by the Ministry), of taxpayer information from any portion of my 2004, 2005, 2006 and 2007 income tax returns that pertains to information given by me on this application. The information will be used solely for the purpose of verifying information on this application form and for the general administration and enforcement of the Health Care Bursary program.

<b>SIGNATURE OF STUDENT (in ink)</b>	<b>PRINT NAME</b>	<b>DATE SIGNED</b>
		YEAR MONTH DAY <input type="text"/> <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> <input type="text"/>

### CHECKLIST

1. Are all questions answered neatly and in ink? .....
2. Have you indicated which bursary period you are applying for on the front page? .....
3. Are your Social Insurance Number and Date of Birth correct?.....
4. Are your Institution and Program Codes correct? (Section B).....
5. Have you read, signed and dated the Declaration (Section D) in ink? .....
6. Have you read, signed and dated the CRA Consent Form (Section E) in ink? .....