

British Columbia Nurses Education Bursary

Ministry Use Only

BURSARY APPLICATION FORM

The Nurses Education Bursary Program has been established to assist with the following priorities:

1. Currently trained Registered Nurses (RN), Registered Psychiatric Nurses (RPN) and Licensed Practical Nurses (LPN) who are upgrading or requiring further education to work in BC's health care system, then;
2. Former nurses and foreign-trained nurses requiring refresher or educational upgrading; and finally
3. Students in LPN, LPN Access, RN or RPN programs - with awards in this final category being made in relation to the number of available positions and seats within British Columbia.

PLEASE READ CAREFULLY

Up to \$2 Million in bursary funding is awarded annually to qualified applicants. The above priorities will be used to determine the awards, which will be made to the applicants in each category that demonstrate 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 Nurses Education Bursary if you meet **ALL** of the following:

- During the bursary period for which you are applying, you are enrolled in an **ELIGIBLE** nursing program of study in **BC**, at least 4 months in length, that leads to a Certificate, Diploma or Degree **recognized for practice in BC** (See Appendix A for a list of eligible institutions); **AND**
- You can demonstrate financial need; **AND**
- You are not in default of a BC student loan.

APPLICATION PROCEDURE:

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

Nurses Education 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 Nurses Education Bursary (NEB) 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 NEB.

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 Citizen Landed Immigrant

Convention Refugee or a Protected Person as defined in the Immigration and Refugee Protection Act.

15 What are your **CURRENT** nursing credentials? (Mark only one box)

RN-BC RPN-BC LPN-BC Former BC Nurse Nurse From Outside BC Student

 A B C D E F If 'E', specify where you are/were registered.

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

Note: If you are attending a private institution in BC, please check the institution code with the program director.

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 day of classes in the current program year

- To be eligible for a bursary, the institution 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" carefully and ensure that the institution and program code are listed in the Appendix A included with this application form (for private institutions, check eligibility and codes with the program director). Check our website at 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) and **ALSO** complete questions 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. 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"/>	\$ <input type="text"/>	\$ <input type="text"/>

INSTRUCTIONS ON HOW TO REPORT INCOME FOR YOURSELF AND YOUR SPOUSE:

List **all** gross (before tax) income for yourself and your spouse for the **12-month** period **ending** with the **last** month of the bursary period for which you are applying. This helps us calculate any loss of income during the bursary period.

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 instructions above)

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

*(i.e. 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"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>
Total Gross (before tax) Income for 12 months (see Instruction above)			\$ <input type="text"/>

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"/>
Total Assets	\$ <input type="text"/>

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"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	\$ <input type="text"/>
Total Gross (before tax) Income for 12 months (see Instruction above)			\$ <input type="text"/>

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"/> - <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"/>
Total Assets	\$ <input type="text"/>

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 Nurses Education Bursary, and to determine whether I must repay any such bursary if I do not complete my eligible nursing 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 Nurses Education Bursary and do not complete the eligible nursing 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 Nurses Education 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 Nurses Education 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 Nurses Education 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.

SIGNATURE OF STUDENT (in ink)	PRINT NAME	DATE SIGNED									
		YEAR MONTH DAY									
		<table border="1"> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </table>									

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 Nurses Education 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 and 2006, 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 Nurses Education Bursary Program.

SIGNATURE OF STUDENT (in ink)	PRINT NAME	DATE SIGNED									
		YEAR MONTH DAY									
		<table border="1"> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </table>									

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?