

AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL BURSARY APPLICATION - 2024-25

Name _____

Address _____

School _____ Graduation Date _____

Parent's names and occupations

Will your parents help financially with your education? _____

What else, besides awards that you may win, will you do to help finance your education? _____

How much do you expect to budget for each year you will be in school? You may submit a budget if you have one prepared.

Tuition/student fees _____

Texts/supplies _____

Living Expense – at home _____

Rent/Board, food, utilities, etc. if not included _____

Transportation _____

Other _____

Does your family fit any of the following criteria?

a single-income or single parent family

many children or dependants

learning challenges

any other life circumstance that you want to share with the bursary committee to support your application?

Do you have any relatives that volunteer with CVHA? If yes, whom _____

____ If you are applying for both Hospital Auxiliary bursaries, please fill out just one application.

THANK YOU FOR YOUR APPLICATION!