

AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL BURSARY APPLICATION – 2025-26

Name _____ School _____ Grad Date _____

Address _____ City/Town _____ Postal Code _____

Health Care Ambition _____ Education Institution _____

Parent(s) Information

Name _____ Occupation _____

Name _____ Occupation _____

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 your first year of school? Please estimate your expenses below. You may submit a budget if you already have one prepared.

Tuition/student fees	_____
MISC (Clothing/Toiletries/Phone/ETC.	_____
Texts/supplies	_____
Living Expense – at home	_____
Rent/Board, food, utilities, etc. if not included	_____
Transportation	_____
Other	_____

TOTAL EXPENSES: _____ or ____ see attached

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 have or are currently a volunteer with CDHA?

If yes, whom _____

If you are applying for the Youth Volunteer Bursary, please attach your confirmation of volunteer hours document.

If you are applying for both CDHA Bursaries, please fill out just one application.

THANK YOU FOR YOUR APPLICATION!

CDHA Bursary Committee