



## EDUCATION BURSARY APPLICATION

### SELECTION CRITERIA:

- Currently or previously incarcerated in a BC institution.
- Maximum bursary up to \$ 500 per year.
- Applicants are not eligible for a bursary to repeat a course for which a bursary has already been received.
- Please note that the selection process can take up to three weeks as well as an additional 3-4 weeks following for the bursary to be processed.

### Personal Information:

(Note that in case of a successful application, the address you provide is where we will send any communication and/or checks)

Last Name:

First Name:

Address:

City:

Province:

Postal Code:

Phone:

E-mail:

Previously Incarcerated:    Yes \_\_\_\_\_    No \_\_\_\_\_

Currently Incarcerated:    Yes \_\_\_\_\_    No \_\_\_\_\_

Are you a child of someone currently or previously incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_

(For Incarcerated Applicants Only)

In which institution are you currently? \_\_\_\_\_

How long is your sentence? \_\_\_\_\_

How much time (approximately) do you have left? \_\_\_\_\_

**Educational Studies Information:**

Name of Institution:

Your student number if applicable:

If you do not have a student number please provide your date of birth:

Campus:

Program of Study:

Course Name and Number:

Start date of course:

Completion date of course:

Are you currently registered at this institution? Yes \_\_\_\_\_ No \_\_\_\_\_

**Financial Information:**

Tuition fees:	
Cost of books:	
Other student fees:	
Other (please list): _____	
Other (please list): _____	
<b>Total amount requested:</b>	

**Additional Questions:**

What is your highest level of education completed up to now?

What are your career and education goals?

Outline the importance of completing this course in terms of achieving your goals listed above.

How do think this course or program will impact the well-being of your family, community or yourself?

This is a needs based bursary. In a few words please explain you financial need. Also please list any other financial aid you have received.

Is there anything else you would like to add for the selection team to consider?

The bursary will be paid in two installments. The first, 80% of the cost of tuition will be paid once you submit proof of registering for and being accepted into the course, including proof of tuition costs provided by the institution. The balance of the funding *will not be sent out until you have filled in and submitted an end of course questionnaire*. This questionnaire will enable you and Wi2H to understand what was positive about the educational experience as well as identifying changes that would make for a better experience. Once your completed questionnaire is received, a check for the balance of the bursary will be sent out to the student.

I agree to provide complete the questionnaire provided by Wi2H upon completion of the course for which I am applying. I also understand I will not receive the balance of the bursary funds until this document is supplied.

I understand that the information I provide in my application to the selection committee may be followed-up with my university/college/school and I authorize Women in2 Healing to contact any relevant institution for information.

Signed: \_\_\_\_\_

Date D\_\_\_\_\_/M\_\_\_\_\_/YR\_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, CONCERNS OR IF YOU WOULD LIKE HELP FILLING IN THIS APPLICATION FORM:**

**Please contact us at**

Tel: 604-875-3658 OR 1-877-849-6626

Email: [womenin2healing@gmail.com](mailto:womenin2healing@gmail.com)

**Please mail your completed application form to**

Women into Healing Education Bursary

BC Women's Hospital

Box # 177

Room D204A

4500 Oak Street

Vancouver BC, V6H 3N1