



MATURE STUDENT AWARD

\$1500 will be awarded (\$1000 in 1st year and \$500 in 2nd year) to one student who is a resident of Chemainus and area, and is resuming or starting their post-high school education after an absence of two consecutive years.

Candidates must be entering or continuing a postgraduate program at an accredited university or college.

The areas of study that will be considered are leading to a degree, diploma, or certificate in the provision of human health care. The following provide examples of vocations in human health care which would qualify for a CHCF award.

Medical Treatment & Care	Home Care
Nutrition & Food Service	Medical Sciences
Eye & Vision Care	Research & Records
Laboratory & Technical Services	Acupuncturist
Dental Care & Hygiene	Speech Therapist
Mental Health	Midwife
Pharmacy	Paramedic
Physiotherapy	

The above list is not exhaustive and other health care programs and vocations may also be considered, but they **must** result in a degree, diploma or certification in the direct delivery of human health care.

REQUIRED DOCUMENTS

- a completed application and financial plan form
- a personal letter outlining reasons for submitting the application
- appropriate transcripts
- two current letters of reference
- confirmation of registration or acceptance into desired program

Applications must be postmarked no later than **June 17, 2019 and submitted to:**
P.O. Box 462, Chemainus, B.C. V0R 1K0
Incomplete applications will not be considered.

Applications will be evaluated based on employment history, financial plan, academic record, contributions to community and family, goals and aspirations.

A brief interview with the selection panel may be required.



Chemainus Health Care Foundation

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APPLICATION FORM

Last Name _____ First Name & Initial _____

Chemainus & area address _____

email _____ phone _____

Present address (if different from above) _____

email _____ phone _____

Dates of residence in Chemainus and area _____

High school graduation or completion of Grade 12 equivalent (date and proof of)

University/College attended (dates and levels attained) _____

Diplomas and/or certificates achieved (dates and levels attained) _____

Institution you will attend for your program (2014/15) _____

Program _____

Registration information (ID #) _____

Names, addresses and contact/phone of two current references

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____



Chemainus Health Care Foundation

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CONFIDENTIAL FINANCIAL PLAN

Estimated Expenses:

College/University Fees (tuition, lab, student, etc)	\$ _____
Books & supplies	\$ _____
Accommodation & food	\$ _____
Transportation	\$ _____
Other (specify)	\$ _____

Current Student Loan Status:

Anticipated Financial Resources:

Other relevant information impacting financial plan:
