



DELTA HOSPITAL AUXILIARY SOCIETY

STAFF BURSARY

INTRODUCTION

Delta Hospital Auxiliary was formed in 1969 and is a major volunteer service provider and fund raising organization supporting Delta Hospital. In recognition of the unique relationship between volunteers and staff of Delta Hospital, the Auxiliary is offering two bursaries of one thousand dollars (\$1,000) each per annum. Funds are awarded at the discretion of the Bursary Committee and based upon the criteria listed below.

ELIGIBILITY

Funds to be used to aid recipient taking clinical courses which are of benefit to Delta Hospital. Successful candidate must furnish proof of registration before receiving the bursary.

Applicants must have worked at Delta Hospital at least for two years.

Applicants may reapply yearly but must wait one year between successful applications.

Documents required:

Two letters of reference which must include:

- working years of applicant in health care profession
- brief description of applicant's duties
- additional involvement in other hospital activities
- appropriateness of anticipated course
- additional information which would prove beneficial to applicant.

Personal letter explaining need for bursary and demonstrating commitment to Delta Hospital.

SUBMISSION

Please complete and mail the application form with required documentation. Incomplete applications will not be considered. Faxes and e-mails will not be accepted. Social Insurance Number must be provided by the successful applicant for Income Tax form.

CLOSING DATE

May 1st annually. The successful applicant will be advised by June 15th.

For more information please contact the Delta Hospital Auxiliary Society
604-946-1121 ext. 783212. Web Site www.deltahospitalauxiliary.org

*5800 Mountain View Boulevard
Delta, BC, V4K 3V6
Telephone: (604) 946-1121 Fax: (604) 946-5741*

**DELTA HOSPITAL AUXILIARY SOCIETY
STAFF BURSARY**

Application Form

To:
Bursary Committee
Delta Hospital Auxiliary Society
5800 Mountain View Boulevard
Delta, BC V4K 3V6

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|------------------|--------------------|
| NAME: _____ | |
| ADDRESS: _____ | |
| CITY: _____ | POSTAL CODE: _____ |
| PHONE NO.: _____ | E-MAIL: _____ |

DOCUMENTS TO BE SUBMITTED:

Letter from immediate supervisor to include:

- Years worked in health care profession; brief description of duties; additional involvement in other hospital activities; appropriateness of anticipated course; additional information which would prove beneficial to applicant.
- Personal letter outlining need for bursary, etc.

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| Date of Application: _____ |
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| Signature of Applicant: _____ |
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