



## **2025 EDUCATION BURSARY AWARD INFORMATION SHEET FOR VGH GRADUATES and DESCENDANTS OF VGH GRADUATES**

**Please read this notice carefully before filling out your  
application forms.**

A bursary award given by the VGH/SON Alumnae Association through the Education Committee is a reimbursement award.

This means the courses must be completed in the previous academic year  
(between September 01, 2024, to August 31, 2025)

You must be continuing in your nursing studies unless:

1. You completed your program in 2024 or,
2. You are applying for funding for a workshop, conference, convention, seminar, or recertification.

# **VGH GRADS, UBC/VGH COLLABORATIVE NURSING GRADS, or DESCENDANTS OF VGH GRADUATES**

**V.G.H. School of Nursing Alumnae Association Education Committee  
855 West 12<sup>th</sup> Avenue, Vancouver, B.C. V5Z 1M9 (604) 875-4111, Local 62049**

**Please read this notice carefully before filling out your application form.**

## **Purpose:**

To provide financial assistance to VGH grads, UBC/VGH Collaborative grads, or descendants of VGH graduates pursuing studies in a nursing education program.

## **Source of Funds:**

This association has bursary awards available to VGH & UBC/VGH graduates, and descendants of VGH graduates. The money allotted is based on annual interest accrued from the Harvey/Cain Endowment Fund, the Eileen Lewis Johnston Memorial Fund, the Grace Sterling Smith Fund, the Margaret Faulkner Fund, the Edith Mary (McCallan) Cork Memorial Bursary, the Inez (Fox) Mowat Memorial Bursary, private donations, and the Alumnae Association education funds.

## **Priority:**

VGH Graduates will be given priority followed by descendants of VGH graduates who are residents of BC before other descendants residing elsewhere in other countries.

## **BURSARY AWARD CATEGORIES**

<b>\$2,500.00*</b> (or less) towards a: Degree Program - Baccalaureate, Masters, Doctorate, or Nurse Practitioner	<b>\$1,000.00*</b> (or less) towards a: Non-Degree Program - e.g. Licensed Practical Nurse	<b>\$800.00*</b> (or less) towards a: Conference, Convention, Seminar, Workshop, or Re-Certification
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\* (or less) - at the discretion of the Education Committee based on the funds available.

## **ELIGIBILITY:**

Graduates of the V.G.H. School of Nursing program, or UBC/VGH Collaborative Nursing Program, or Descendants of the previously mentioned. VGH graduate or the descendant's supporting graduate must be a paid-up member V.G.H. School of Nursing Alumnae Association (\$20.00 yearly fee). The program must be applicable to nursing related studies. Courses must be taken between September 01, 2024, and August 31, 2025.

## **APPLICATIONS:**

Applications are available through the Alumnae office or online at: [info@vghnursingschoolalumnae.com](mailto:info@vghnursingschoolalumnae.com)

## **DEADLINE:**

**All documentation must accompany the application form and be submitted to the Alumnae office or fill in the forms online and email to [vghnursingbursaries@gmail.com](mailto:vghnursingbursaries@gmail.com) no later than September 30, 2025.**

## **ENROLMENT:**

All applicants must provide proof of current enrolment in an education program. A letter of acceptance from the Registrar's Office is required for an academic program.

## **BURSARY AWARDS:**

The Education Committee will determine these awards in October, and all candidates will be notified by mail or email.  
Note: Priority consideration will be given to those candidates who have not previously received educational funding. Eligible candidates may be chosen by random selection when funds are limited.

## **APPLICATION**

Please notify the Education Committee at [vghnursingbursaries@gmail.com](mailto:vghnursingbursaries@gmail.com)

## **WITHDRAWAL:**

as soon as possible if you withdraw your application.

## **VGH BURSARY AWARD APPLICATION FORM**

### **I. GENERAL INFORMATION: (Please print)**

Name: \_\_\_\_\_  
(Surname) (Given Names)

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_ SIN: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **II. VGH Graduates VGH SON Alumnae Association Membership:**

Have you renewed your membership for this year?

Yes \_\_\_\_\_

No \_\_\_\_\_ (If no, please enclose a \$20.00 cheque in CDN Funds payable to: VGHSON Alumnae Association)

### **III. Descendants of VGH Graduates VGH SON Alumnae Association Membership**

Supporting VGH Graduate's name at graduation: \_\_\_\_\_

VGH Graduation class: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Has the supporting VGH Graduate renewed his/her membership for this year?

Yes: \_\_\_\_\_

No: \_\_\_\_\_ (If no, please enclose a \$20 cheque in CDN Funds payable to: VGHSON Alumnae Association)

### **IV. Alumnae Funds**

Have you ever previously received VGH/SON Alumnae educational funds?

Yes: \_\_\_\_\_ Year(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_

No: \_\_\_\_\_

### **IV.**

#### **BURSARY AWARD AGREEMENT AND SIGNATURE**

In the event I receive a bursary award, I agree to:

1. acknowledge receipt of the cheque in writing
2. return the award to the VGH/SON Alumnae Association if I am unable to use the money for my studies
3. have my name published in the VGH/SON Alumnae Association Spring Newsletter
4. have my supporting VGH graduate's name published in the VGH/SON Alumnae Spring Newsletter

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## VGH BURSARY AWARD APPLICATION FORM

**\*PLEASE COMPLETE ONE OF THE FOLLOWING: "A" or "B"**

I am applying for:

**A. \$2,500.00 Bursary Award \_\_\_\_\_ (part time or full time)**

Toward a Degree Program: Baccalaureate \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

**B. \$1,000.00 Bursary Award \_\_\_\_\_ (part time or full time)**

Toward a Non-Degree Program: e.g. Licensed Practical Nurse \_\_\_\_\_ Other \_\_\_\_\_

**COURSE DETAILS:**                      **INSTITUTION:** \_\_\_\_\_

**NB: Courses listed must be taken between Sept 1, 2024, and Aug. 31, 2025**

<u>Course Name</u>	<u># of Credits</u>	<u>Cost</u>	<u>Dates: Start(D/M/YR.)</u>	<u>Finish(D/M/YR.)</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

**APPLICATION DETAILS:** In order for your application to be processed, the following documentation must accompany your application:

1. \_\_\_ Covering letter outlining your educational goals.
  2. \_\_\_ Two letters of reference dated in this bursary year from a teacher, professor, nurse educator, former employer, or colleague.
  3. \_\_\_ Confirmation of current enrolment by letter/form signed by an official representing the college/university in which you are enrolled.
  4. \_\_\_ SIN number
  5. \_\_\_ Statement of fees paid for courses taken between Sept 1, 2024, and Aug. 31, 2025
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**C. \$800.00 Bursary Award \_\_\_\_\_**

Toward a: Workshop \_\_\_\_\_ Conference \_\_\_\_\_ Seminar \_\_\_\_\_ Convention \_\_\_\_\_  
Recertification \_\_\_\_\_ Other \_\_\_\_\_

**COURSE DETAILS:**                      **INSTITUTION:** \_\_\_\_\_

<u>Course Name</u>	<u># of Credits</u>	<u>Cost</u>	<u>Dates: Start(D/M/Yr.)</u>	<u>Finish(D/M/Yr.)</u>
1. _____				
2. _____				
3. _____				

**APPLICATION DETAILS:** In order for your application to be processed, the following documentation must accompany your application:




- |                                   |                                               |
|-----------------------------------|-----------------------------------------------|
| 1. ___ Covering letter of intent. | 2. ___ Copy of course and/or pamphlet.        |
| 3. ___ Statement of Fees Paid     | 4. ___ Certificate of Attendance (photocopy). |
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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## **Nurse Practitioner Bursary Award**

### **The Edith Mary (McCallan) Cork Memorial Bursary - \$3,500.00**

This bursary has been chosen by the family to be awarded to a Registered Nurse who is studying to become a **Nurse Practitioner**.

-  To be eligible you must continue your studies or have successfully completed the Nurse Practitioner program in 2024.
-  VGHSONAA Bursaries are a reimbursement award.
-  If you qualify, please indicate below, and follow the rest of the application form on **page 3**.

Name: \_\_\_\_\_

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