

**AUXILIARY TO THE COWICHAN DISTRICT HOSPITAL BURSARY APPLICATION - 2024-25**

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Parent's names and occupations

\_\_\_\_\_  
\_\_\_\_\_

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 each year you will be in school? You may submit a budget if you have one prepared.

Tuition/student fees \_\_\_\_\_

Texts/supplies \_\_\_\_\_

Living Expense – at home \_\_\_\_\_

Rent/Board, food, utilities, etc. if not included \_\_\_\_\_

Transportation \_\_\_\_\_

Other \_\_\_\_\_

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 volunteer with CDHA? If yes, whom \_\_\_\_\_

\_\_\_\_\_  
If you are applying for both Cowichan Hospital Auxiliary bursaries, please fill out just one application.

**THANK YOU FOR YOUR APPLICATION!**