

ALBERTA BLUE CROSS 50th ANNIVERSARY BURSARY

Donor: Alberta Blue Cross Corporation Foundation
Value: \$1000
Number: Two (2)

Description of Award

The Alberta Blue Cross 50th Anniversary Bursary is awarded annually to two current AU undergraduate nursing degree program students who have achieved the highest grade average on two 3 credit nursing courses taken through Athabasca University. The grade average on the two AU nursing courses must be 80 percent or better. Eligible students must be residents of Alberta and demonstrate financial need. Students can receive this bursary once.

Conditions of Eligibility

Applicants must meet the following criteria to be eligible to apply for these scholarships:

- Be current AU undergraduate student enrolled in Bachelor of Nursing
- Have an 80% grade average on two AU 3 credit nursing courses
- Be Alberta residents
- Have demonstrated financial need

Application Instructions:

- Submit your application here: [Student Awards Application Submission](#) Or navigate back to the award listing to submit.

Selection Criteria

The Alberta Blue Cross 50th Anniversary Bursary will be awarded to active AU Bachelor of Nursing program students. The emphasis for award selection includes:

- Demonstrated financial need
- Have an minimum 80% grade average on two AU 3 credit nursing courses

Application Submission Deadline

October 15th

Award Notification

Successful applicants should expect to be notified within one month of the selection committee convening to choose recipients.

Questions?

Visit the Athabasca University Awards website located at: <http://www.athabascau.ca/registrar/studawrds.php>

Email your inquiries to: awardsinfo@athabascau.ca or call toll free 1-800-788-9041, extension 6197 or 780-675-6197.

APPLICATION FORM FOR ALBERTA BLUE CROSS 50th ANNIVERSARY BURSARY

Before completing this application form, please ensure that you meet all the eligibility criteria and that you can demonstrate the qualities of the selection criteria.

A. PERSONAL INFORMATION

Athabasca University Student Identification Number:

Social Insurance Number:

Last Name:

First Name:

Middle Name:

Mailing Address:

Mailing Address 2:

City:

Province:

Postal Code:

Country:

Primary Telephone Number:

Alternate Telephone Number:

Email Address:

B. CURRENT POST-SECONDARY EDUCATION INFORMATION

Complete the information requested below. Information will be verified with your student record and other sources, if required.

Are you enrolled in Bachelor of Nursing Post RN or Post LPN? No Yes

List your two nursing courses with the highest final grades.

Course Name Final Grade

Course Name Final Grade

What is your cumulative GPA? (Go to myAU portal, click on "Request Transcript", click on "Preview" to view your GPA)

C. FINANCIAL INFORMATION

Are you employed? No Yes

If yes, does your employer pay for your tuition or subsidize your education? No Yes

If yes, use the space below to explain the percentage your education is subsidized and to provide a brief explanation of the tuition payment/subsidization arrangement that you have with your employer:

Provide the number and ages of the dependent children for which you are legally responsible and that are living with you:

Provide an explanation of other dependents for which you are legally responsible and that are living with you:

Following is a list of allowable **monthly** costs. Select the marital status that best describes your situation.

Fill in the **monthly** payable amount for each allowable expense:

Allowable Monthly Costs		
Your Household Status	Monthly Allowable Expenses Rent/Mortgage, Utilities, Food, Transportation	Total Monthly Costs you are claiming – Tick one line only
Single student living at home	\$539	\$539
Single student living away	\$1,128	\$1,128
Single parent – one child	\$1,991	\$1,991
Single parent – two children	\$2,583	\$2,583
Single parent – three children	\$3,175	\$3,175
Married/common law – no children	\$2,174	\$2,174
Married/common law – one child	\$2,766	\$2,766
Married/common law – two children	\$3,358	\$3,358
Married/common law – three children	\$3,950	\$3,950
For each additional child beyond three, add \$ 592	Type the monthly additional child amount in the cell to the right (number of additional children x \$ 592)	
Child care/babysitting	Type the monthly amount paid for child care/babysitting in the cell to the right using one of the two formulas below: Allowable child care/ babysitting cost is \$ 365 per month per child without receipts Actual child care/babysitting costs may be considered with receipts up to a maximum of \$ 1,000 per month per child.	

	Provide receipts with application.	
Child support payment	Type the monthly amount of payment in the cell to the right	
Tuition and education fees	Determine the amount paid for tuition and education fees in the last year and divide by 12. Type the monthly amount in the cell to the right	
Education supplies, equipment	Calculate the amount paid for education supplies/equipment in the last year and divide by 12. Type the monthly amount in the cell to the right.	
Total expenses	Add the applicable total household status amount, additional child allowance, child care - babysitting, child support payment, tuition, education fees, and supplies/equipment costs and type the total in the cell to the right.	

Provide a **monthly** dollar value for the income resources listed in the table below (tab to adjacent column to enter amount). The monthly dollar value can be determined by dividing any annual gross amounts by 12:

Monthly Income or Resources	
Wages or salaries net income for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Spouse's or partners monthly net income for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	

Assistance from others for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Band funding for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Training allowance for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Employment insurance (EI) benefits for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Social Assistance benefits for the previous 12 months. Divide by 12 and enter monthly amount in the space to the right:	
Assured income for the severely handicapped (AISH) for the previous 12 months. Divide by 12 and enter the monthly amount in the space to the right:	
Workers' compensation benefits for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Alimony and/or child support for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Disability benefit: for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Orphans benefit for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Federal student loans for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Provincial student loans for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Scholarships, grants, etc. for the previous 12 months: Divide by 12 and enter the monthly amount in the space to the right:	
Other monthly resources (children's benefits, pensions, rental property, business). Do not include CTB, GST Credit, and Income Tax refunds for the previous 12 months. Type in the shaded box below to list other resource(s) and amounts. Divide by total other resources by 12 and enter the monthly amount in the space to the right:	
Total monthly income or resources	

Provide an explanation of resources available to you that could potentially assist with funding your education (savings in bank, retirement savings plan, assets, and so forth):

The following documentation will support your application:

A federal and/or provincial student finance Notice of Assessment(s) for the current term required if you received government student loans, or

A recent Revenue Canada Notice of Assessment, or

A recent Employment Insurance or Social Assistance statement required if applicable to your application.

D. REQUIRED CERTIFICATION AND RELEASE

I certify that the information provided in this application and in the accompanying documentation is true, accurate and complete. I authorize the provision of any information held or to be held by Athabasca University, and others relating to my application, including but not limited to personal evaluations and transcripts, to the Student Awards Unit of Athabasca University and the Selection Committee chosen for this bursary. I understand and accept that: (1) such information will be used by the Student Awards Unit and the bursary selection committee of Athabasca University for the purposes of selection; (2) Athabasca University will not release application evaluation or the results of the evaluation process, except to inform me if my application has been accepted for an award; and (3) for all questions regarding my personal information held on file by the Athabasca University, including updates thereof, I may reach an Athabasca University representative through the contact information provided within this bursary package. Finally, if my application is selected for this bursary, I will: (1) provide a thank you letter to the Student Awards Unit of Athabasca University to be forwarded to the donor of the bursary.

Name of Applicant:

Date:

Your personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 and the *Post-Secondary Learning Act*, S.A. 2003, c. P-19.5.