

FACULTY OF HEALTH DISCIPLINES TRAVEL BURSARIES

Donor: Edmonton Oilers Community Foundation

Value: \$1,000

Number: Four (4) per year

Annual Application Deadlines: February 15, May 15, August 15, November 15

Description of the Bursary

The Faculty of Health Disciplines Travel Bursaries are intended to help offset travel costs incurred by students participating in travel required in Faculty of Health Disciplines' programs. Examples of required travel include beginning orientation and/or clinical placement. These funds are awarded to current AU students who reside in North or Central Alberta, who have demonstrated financial need and commitment to the health profession and who are enrolled in a program in the Faculty of Health Disciplines in which travel is required.

Conditions of Eligibility

Applicants must meet the following criteria to be eligible to apply for this bursary:

- Be a current student (undergraduate or graduate) enrolled in any program within the Faculty of Health Disciplines
- Demonstrate financial need
- Reside in Northern or Central Alberta
- Provide an explanation of their commitment to the health profession

Application Instructions:

- Submit your application here: Student Awards Application Submission or navigate back to award listing to submit.
- Receipt of Support Letter as instructed in section E of this application form.

Adjudication Process

Eligible applications will be assessed by a selection committee. The selection committee may request additional information from the applicant.

Application Submission Deadline

Ongoing four times per year (February 15, May 15, August 15, November 15)

Please apply for the bursary at least 2 months in advance of the expected travel date(s).

Bursary 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 FOR FACULTY OF HEALTH DISCIPLINES TRAVEL BURSARIES

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. Please write a short essay, no more than 200 words, to demonstrate your commitment and dedication to the health profession.

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 personal situation.



| Allowable Monthly Costs | | |
|---|--|---|
| Your Household Status | Monthly Allowable Expenses Rent/Mortgage, Utilities, Food, Transportation | Total Monthly Costs you are claiming – Check 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):



Use the space below to provide a brief explanation of your financial need and/or exceptional life circumstance for which the possibility of an interruption to your studies exists:

Use the below space to provide any additional information pertinent to your application:

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. TRAVEL BUDGET

Provide a budget of all planned expenses related to the required travel

| Item Name for Planned Expense | Estimated Costs |
|--|-----------------|
| Travel expenses. Enter total estimated cost in the next column. | |
| Accommodation costs. Enter total estimated cost in the next column. | |
| Other/Misc Costs. Enter total estimated cost in the next column. | |
| Total estimated costs. Add all costs under the header "Estimated Costs" and enter the total in the next column. | |



E. LETTER OF SUPPORT

This award requires a written support letter from a Faculty of Health Disciplines Academic staff member who is able to comment on your requirement to travel and for what reason. You will be asked to supply the Referee's first and last name, email address, phone number. When submitted, our system will send your referee an email with instructions for them to complete the referee process including the reference letter document upload.

To access the Letter of Recommendation form, please navigate back to the award listing. Click here;
Faculty of Health Disciplines Travel Bursaries

You are strongly encouraged to alert your referee to the request that will be forthcoming. The AU Student Awards Office will not follow up on support letter requests that are not completed.

The reference letter must be received by the application deadline date. A missing reference letter will disqualify you.

F. REQUIRED CERTIFICATION AND RELEASE

I certify that the information provided in this application and in the accompanying documentation (if applicable) 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 award. I understand and accept that: (1) such information will be used by the Student Awards Unit and the awards selection committee of Athabasca University for the purposes of selection, for statistical analysis, and to facilitate ongoing administrative correspondence with applicants, necessary to further the objective of the Athabasca Student Awards Program and to improve the selection process; (2) the 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 award package. I understand that should my application be selected for this award, I am subject to the reporting obligations of the Canada Revenue Agency regarding scholarships, fellowships, bursaries, study grants and artists project grants. Finally, if my application is selected for this award, I will provide a thank you letter to the Student Award Unit of Athabasca University to be forwarded to the donor of the award.

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.