



## The Dr. Peter M. Ransford Education Bursary

### APPLICATION

Full Name of Applicant: \_\_\_\_\_  
Surname Given Names

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

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

1. Is a member of your family a retired member of the British Columbia 10-7 Association? YES NO

Name of retired relative: \_\_\_\_\_

2. Are you currently registered for studies at a university or other learning institution? YES NO

3. If yes, give the name of the institution where you are registered and the type of educational degree, or qualification you are pursuing: \_\_\_\_\_

4. What motivates you to consider a career in health care delivery? \_\_\_\_\_

5. Why are you a suitable candidate for the BCAS 10-7 Dr. Peter M. Ransford Educational Bursary? Attach a separate sheet in your own handwriting, using 500 words or less.

6. Do you currently, or have you in the past, volunteered in your community? Details: \_\_\_\_\_

7. Are you in receipt of any other bursaries? Details: \_\_\_\_\_

Required with this application are:

Applicant's Statement of Suitability for This Bursary; Attached: \_\_\_\_\_

Transcript of Secondary School or Post-Secondary Marks; Attached: \_\_\_\_\_

Letter of Acceptance or Copy of Course Registration; Attached: \_\_\_\_\_

Two Letters of Reference; Attached: \_\_\_\_\_

Covering Letter in Applicant's Own Handwriting Attached: \_\_\_\_\_

**Deadline for Submission: June 30, 2020**

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Submit Application to: BCAS 10-7 Assn Society, c/o Dawn Parrott, 208-12238 224 Street, Maple Ridge BC, V2X 8W5

Declaration: I confirm that the information supplied is accurate and truthful. I understand that the information provided in my application may be followed-up by the BCAS 10-7 Association Bursary Committee. I further authorize this committee to contact any relevant person or institution for information that may be useful in making their decision.

\_\_\_\_\_ Signature of Applicant Date: \_\_\_\_\_