



## The Bob Baxter Memorial Bursary

To be eligible for this bursary the applicant must be accepted into an EMS training program that will qualify them to pursue a career with BCAS

Full Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

1. Are you currently registered for **EMS studies** at a college or other learning institution? YES NO
2. If YES, give the name of the institution where you are registered and what EMS qualification you are pursuing: \_\_\_\_\_
3. What career path do you intend to follow and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Why are you a suitable candidate for the BCAS 10-7 Association Society Bob Baxter Memorial Bursary? Attach a separate sheet **in your own handwriting**, using 500 words or less.
5. Do you currently, or have you in the past, volunteered in your community? Please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required for this application:

- Applicants handwritten 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 \_\_\_\_\_

**Annual Deadline for Submission: July 15**

**Submit application to:**

BCAS 10-7 Association Society

Attn: Bursary Committee

P.O. Box 1276

Fort Langley, BC V1M 2S7

**Or scan completed to application to:**

Secretary@bcas10-7.com

**Declaration of Applicant:**

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 Society Bursary Committee. I authorize this committee to contact any relevant person or institution for information that may be useful in making their decision.

Signature of Applicant

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Date of Application

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