



## **James A. Albery Youth Bursary**

### **APPLICATION FORM**

#### **To apply for the James A. Albery Youth Bursary, you must:**

- 1) Fill in all sections of this application that are applicable to you. Please print clearly or type.
- 2) Forward your completed application together with all supporting documentation by the MARCH 15<sup>th</sup> deadline to the following location:

**St. John Ambulance Provincial / Territorial Council**

If faxing or emailing your application, **ORIGINAL DOCUMENTS MUST BE RECEIVED** at your Provincial/Territorial Council Office within one week of the deadline. **DO NOT FORGET** to include two written references with your submission. Incomplete applications **WILL NOT BE FORWARDED TO NATIONAL OFFICE FOR CONSIDERATION**.

#### **There are three steps to the application review process:**

- 1) Your file will be reviewed for completeness and summarized by your Provincial/Territorial Council prior to forwarding to the National Bursary Committee.
- 2) All completed applications will be reviewed by the Committee to determine eligibility based on the criteria established and categorized by academic achievement, financial need, commitment to St. John Ambulance, etc.
- 3) You will be notified of your application status. If successful, you will be asked to forward your confirmation of acceptance in the chosen program of study, your final transcripts and your Social Insurance Number prior to receiving a Bursary Award. Original documents will not be returned.

#### **PRIVACY STATEMENT**

St. John Ambulance is committed to your privacy. The personal information you have provided us within this application form will be used to determine your eligibility for the James A. Albery Youth Bursary. Following the notification to the selected candidates of their application status, the information of those individuals selected will be retained at St. John Ambulance National Office for a period of 10 years. The information of those individuals who were not eligible will be destroyed within two years following the issuance of notification. Should you wish to have access to the information about yourself, to review it and/or ask for corrections or add annotations to it, please contact the Awards Program Coordinator at St. John Ambulance National Office, 400-1900 City Park Dr., Ottawa, Ontario K1J 1A3. For further information about St. John Ambulance's Privacy Policy, please contact our Privacy Officer at the address above or by email at [privacyofficer@sj.ca](mailto:privacyofficer@sj.ca).

**A. PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

**B. EDUCATIONAL INFORMATION**

Name of current Secondary School: \_\_\_\_\_

I am currently enrolled in a post-secondary school program: YES  NO

If **YES**, name of program: \_\_\_\_\_

Name of Institution/School: \_\_\_\_\_

If **NO**, name of program to which you are applying: \_\_\_\_\_

Name of Institution/School: \_\_\_\_\_

**Note:** An outline of your program's curriculum as provided by the educational institution or school you will be/are attending **must be included** with your application.

**C. COMMUNITY SERVICE INFORMATION**

Name of current Community Service Unit in which you are active: \_\_\_\_\_

Name of Officer-in-charge of your Community Service Unit: \_\_\_\_\_

<b>ENROLMENT DATE:</b>	____/____/____ DAY MONTH YEAR
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<b>RECEIPT OF GRAND PRIOR'S AWARD:</b>	____/____/____ DAY MONTH YEAR
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While taking my chosen program, I intend to remain active within my Community Service Unit: YES  NO

If **NO**, please explain (use a separate page if additional space is required): \_\_\_\_\_

\_\_\_\_\_

After taking my chosen program, I intend to remain active with the St. John Ambulance organization: YES  NO

If **YES**, please identify in what capacity (✓ boxes as appropriate):

Community Service  Order  Association

If **NO**, please explain (use a separate page if additional space is required): \_\_\_\_\_

\_\_\_\_\_

**D. FINANCIAL INFORMATION**

EXPENSES	
TUITION FEES	\$
BOOKS, ETC.	\$
TRANSPORTATION	\$
ACCOMMODATION	\$
OTHER EXPENSES	\$
<b>TOTAL</b>	<b>\$</b>

INCOME	
OTHER BURSARY PROGRAMS	\$
OTHER FUNDS	\$
SCHOLARSHIPS	\$
EMPLOYMENT	\$
OTHER SOURCES	\$
<b>TOTAL</b>	<b>\$</b>

**E. REFERENCES**

A minimum of two written references are required and are an integral part of your application submission. One must be from an individual who has known you for the past five years and who can evaluate your performance, educational aptitude and leadership potential. The other must be from the St. John Ambulance Community Service Officer or Director of Training.

**References must be provided on the approved Reference Form and must be signed and dated. References are mandatory for your file to be complete and must form part of your application submission to National Headquarters to be considered complete. The Bursary Committee will not review incomplete files.**

**F. ESSAY**

On a separate sheet, submit a 250 to 500-word essay which describes the “meaningful societal, family, and personal outcomes” that you expect will be achieved by taking your chosen program. **Your essay must be typewritten and double spaced.**

**Please note:** This is a mandatory requirement and will serve as a screening mechanism for determining qualifying candidates.

**G. AUTHORIZATION**

I believe the information submitted on this form to be true and accurate and I authorize the National Bursary Committee to contact those persons I have provided as “References”. Further, I understand that if I am successful in this Application, I will be required to submit documented **proof of acceptance** into my chosen program, **final academic transcripts** as well as my **Social Insurance Number** prior to an award being issued.

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

Date: \_\_\_\_\_