



**J. A. Albery  
St. John Ambulance  
Youth Bursary**

**APPLICATION FORM**

All information contained on this form will be treated as CONFIDENTIAL.

**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. BRIGADE INFORMATION**

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

Name of Officer-in-charge  
of your Brigade Unit: \_\_\_\_\_



**E. REFERENCES**

**PERSONAL**

Name of personal reference  
(not family member): \_\_\_\_\_

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**BRIGADE**

Name of Brigade reference  
(Officer or Adult member): \_\_\_\_\_

Brigade Position: \_\_\_\_\_

Brigade Unit: \_\_\_\_\_

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**F. ESSAY**

On a separate page, 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.

**G. APPLICATION SUBMISSION**

Applications to the *J. A. Albery St. John Ambulance Youth Bursary* are to be mailed directly to:

National Cadet Officer  
St. John Ambulance Brigade  
National Headquarters  
312 Laurier Avenue East  
Ottawa, ON K1N 6P6

Applications may also be submitted by fax at (613) 236-2425 or by e-mail to vsup@sja.ca.

### G. APPLICATION SUBMISSION (cont'd)

Applications must be received at National Headquarters **by 15 June**. Late applications will not be reviewed.

All applications must be submitted using the approved Application Form and include the required essay and other documentation specified (curriculum outline, proof of acceptance, transcripts, etc.). Applications that are incomplete will not be reviewed.

### H. AUTHORIZATION

I believe the information submitted on this Form to be true and accurate and I authorize the Alberty Bursary Committee to contact those persons I have listed 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, if not already submitted.

OR

Further, I understand that as I am currently enrolled in a post-secondary school educational program, I must submit transcripts of my current academic standing along with this Application. (If transcripts are not available at the time of application, this must be noted under "Remarks" below. Include an indication of the date that they will be submitted).

**Note:** Successful applicants will be notified in writing on or before 31 July.

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

### I. REMARKS

Use a separate page to make any comments, which may assist the Alberty Bursary Committee in reaching a decision regarding your Application. Letters of reference, although not mandatory, may be included in this section.