

Introduction

Bursaries are available for:

- healthcare professionals working at an AHS sanctioned healthcare facility in Vulcan County.
 - individual members of Vulcan County Emergency Services associated with one of the Stations located in Arrowwood, Milo, Lomond, Vulcan, Champain, or Carmangay.
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- You may only apply these funds towards the registration fee of a specific course or conference.
 - The purpose of the course or conference must improve your skills – skills that will ultimately provide a direct benefit to the residents of Vulcan County and to non-resident individuals who happen to find themselves in distress i.e., medical emergency, motor vehicle accident, emotional trauma, mental health emergency, sudden death, etc.
 - Funds will be released to the individual upon proof of accreditation and upon the individual's submission of a short testimonial to the Foundation stating how this conference will benefit the residents of Vulcan County.
 - Maximum value of each bursary is \$500.00.
 - All bursaries will be awarded on a "first come – first served" basis.
 - Individuals may only apply for one bursary in the Foundation's fiscal year which begins April 1 of each year and ends March 31 of the following year.

Please check one:

Healthcare Professional Emergency Services

Personal Information

Date: _____

Name of Applicant: _____

Address of Primary Residence: _____

Contact Information • Phone: _____ email: _____

Healthcare Professionals – Additional Information

Title or Position: _____

Name of AHS Approved Place of Work: _____

Location of Place of Work: _____

Members - Vulcan County Emergency Services

Title or Position: _____

Station: _____

Location of your Station: _____

Course or Conference Information

Date: _____

Name of Course or Conference: _____

Total Amount of Registration Fee: _____

Total Amount of Funding Requested from the Foundation (Maximum of \$500): _____

Answer the following question in 250 words or less.
NOTE: Please provide your answer on a separate, word-processed document.
“Why should the Foundation approve your request for a bursary?”

Immediate Supervisor Approval

Date: _____

Name: _____

Title: _____

Recommendation of this Individual’s Application: _____

Supervisor’s Signature: _____

Declaration of the Applicant

- I hereby affirm that all information contained in this application is true and can be verified upon request.
- I hereby acknowledge that the Foundation will release the approved funds upon proof of accreditation and upon the individual’s submission of a short testimonial to the Foundation which includes specific examples of how this course/conference will be of benefit to the residents of Vulcan County.

Applicant’s Signature: _____

Date: _____

Please forward your completed application to:

Vulcan County Health & Wellness Foundation
610 Elizabeth Street
P.O. Box 28, Vulcan, AB T0L 2B0
403-485-4001
vchw.foundation@gmail.com