

Minerva Foundation for BC Women
CanScribe Career College

**2014
Education Award
in the field of Medical Transcription**

Award Amount: Two awards of \$1,000 each

Application: Ongoing

Complete and return application by mail to:

Minerva Foundation for BC Women
Attn: Jo-Anne Lauzer
Program Manager, Education Awards
320 - 111 West Hastings Street
Vancouver, BC V6B 1H4

Ph: 604-683-7635 ext 227

Fax: 604-683-7695

educationawards@theminervafoundation.com

www.theminervafoundation.com

The Minerva Foundation for BC Women is building a sustainable community of women leaders. Minerva's education awards target women who will have the most impact in their work or community, and those in fields or demographic groups who are currently underrepresented in leadership roles.

Eligibility: The purpose of the award is to support eligible women who wish to pursue the Medical Transcriptionist Program at the CanScribe Career College. Current students at the CanScribe Career Center are not eligible for this award. Candidates must have a minimum grade point average of 2.00. Challenge, audit and credit-free courses will not be considered. Preference will be given to a single mother.

To be eligible for the award, a recipient must

- be a female resident of British Columbia
- demonstrate financial need
- demonstrate academic proficiency (GPA 2.0)
- demonstrate community engagement
- meet at least one of the following criteria:
 - a single mother advancing her education
 - a mature woman returning to the workforce after a long absence
 - an immigrant or an Aboriginal woman overcoming educational barriers
 - a woman with a disability overcoming educational barriers.

To help us evaluate your application, please include the following documents:

- This application form completed and signed.
- Two letters of reference, signed and sealed, preferably from an academic professional, your employer, and/or volunteer supervisor.
- A cover letter (a two-page personal essay), which describes why you require this financial assistance; how you meet the eligibility criteria; and how this award would help you make the most impact in your studies, work and community.
- A resume listing your career goals, academic achievements, volunteer and work experience.

Please do not staple your application form.

Please note that incomplete applications will not be considered.

PERSONAL INFORMATION			
Social Insurance Number:			
Name:			
Phone:		Email:	
Current Address:			
City:	Province:	Postal Code:	
Will this be: Your parent's home? <input type="checkbox"/> University residence? <input type="checkbox"/> Rented? <input type="checkbox"/> Self-owned <input type="checkbox"/>			
While attending Canscribe Career Centre, will you be living at this same address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will this be: Your parent's home? <input type="checkbox"/> University residence? <input type="checkbox"/> Rented? <input type="checkbox"/> Self-owned <input type="checkbox"/>			
BC Residency: Have you: lived in BC for the past 12 continuous months <input type="checkbox"/> arrived in BC as a permanent resident or landed immigrant <input type="checkbox"/>			
Date of Birth: (YYYYMMDD)		Place of Birth:	
What is your Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced		If Married or Common-Law, please provide: Spouse's Name: Spouse's Occupation: Spouse's Social Insurance Number:	
<i>Number of dependants in your custody</i>			
Number of children: 6 & under Ages 7 – 11 Ages 12 –18 Ages 19 –22 in Full-time studies			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Recent Immigrant <input type="checkbox"/> Disability			
Have you previously received any Minerva award? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION AND CAREER INFORMATION					
Last high school attended:			City, Province		
If BC, School district number:			Date of Graduation: (MM/YY)		
Previous Post-Secondary Institutions Attended					
Institution Name	City, Province	Academic Year	Degree/Diploma/Certificate Earned	Faculty	Program/GPA
I am currently a(n) <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student					
Program Information		Academic Year YY to YY		GPA	
Month in which you plan to join CanScribe Career Centre:					

IMPORTANT: If you wish to be considered for bursary assistance for the upcoming study period, remember to register as a full-time student (at least 80% of a full course load) for the entire applicable period.

FINANCIAL NEED
Have you applied or will you be applying for a student loan or grant for the academic period indicated below? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate which provincial and/or federal government and/or chartered bank

Budget Estimates for the Upcoming Study Period			
Study Period Expenses		Study Period Resources	
Tuition		Savings	
Books		Awards, Scholarships, Bursaries	
Supplies		Federal/Provincial Student Loans (projected)	
Other Expenses		Student line of credit from a chartered bank	
Education Expenses (A)	\$	Education Resources (C)	\$
Monthly Expenses – include spouse's		Monthly Income	
Housing (rent or mortgage)		Part-time Earnings	
Food		Work-study Earnings	
Utilities		Social Assistance	
Household (laundry, cleaning)		Workers' Compensation	
Transportation		Sponsorship	
Entertainment		Orphan's Benefits/ CPP	
Medical/Dental/Optical		Parents Contribution	
Child Care		Spouse's Net Income	
Miscellaneous		Co-op earnings	
Other (specify)		Other (specify)	
Previous Student Loans			
= Total Monthly Living Expenses		= Total Monthly Income	
X number of months of study		X number of months of study	
= Total living expenses (B)	\$	= Total income (D)	\$
Total Study Period Expenses (A) + (B) =	\$	Total Study Period Resources (C) + (D) =	\$
Total Study Period Expenses minus Total Study Period Resources = Financial Need			
	-		= \$

Assets: Please list owned assets and their value:

- Home Owner _____
- Recreational Property _____
- Vehicle: make _____ year _____ book value _____
- Term Deposits _____
- GIC's _____
- Mutual Funds _____
- Stocks _____
- Bonds _____
- RRSP's _____
- RESP's _____

Debts: Please list debts and amount owing:

Previous Govt. Student Loans _____
 Loans from past educational institutions _____
 Personal Loans _____
 Mortgage _____
 Other _____

DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I hereby declare that all information given above is complete and true to the best of my knowledge. I consent to the disclosure of information on this form to other educational institutions and the Student Services Branch of the Ministry of Advanced Education, Training and Technology when necessary to verify information. I understand failure to provide my consent or misrepresentation may result in cancellation of this application or the award I may receive.

Signature _____

Date _____

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY: The Minerva Foundation complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of operations in accordance with this legislation.