



## Richard Wahlgren Memorial Award

### Application Form

Students must submit completed applications to the Division of Continuing Studies by the following dates

(check term for which application is made):

☐ Fall Term: August 15      ☐ Spring Term: December 15

Date of application submitted (MM/DD/YYYY): \_\_\_\_\_

Awards cannot be granted before these dates, since a selection committee must consider each application. Successful applicants must be registered in courses and will receive their award by the end of the selected term.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

UVic student number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Occupation: \_\_\_\_\_ Program: ☐ ER PSC      ☐ RNS Certificate

Expected date of completion (MM/DD/YYYY): \_\_\_\_\_ Courses registered for: \_\_\_\_\_

Are you receiving student loans? ☐ Yes      ☐ No

Do you have access to professional development funds? ☐ Yes      ☐ No

Are you receiving other awards or scholarships ☐ Yes      ☐ No

Please provide a short paragraph (approximately 150 to 250 words) outlining your current financial situation and how receiving this bursary will support you in continuing your education. Be specific about any relevant circumstances such as tuition costs, living expenses, family responsibilities, or employment challenges.

#### Declaration

I hereby declare that all information given above is complete and true in every respect; I have answered all questions applicable to me in this form; and the bursary is essential to allow me to continue my education.

Signature of applicant: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_