



# Canadian Hemophilia Society - BC Chapter

## EDUCATION BURSARY APPLICATION

*(Please print clearly and complete the entire form)*

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PROGRAM/COURSE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

SCHOOL YEAR APPLYING FOR: **2012 / 2013**

COST OF PROGRAM/COURSE (tuition and mandatory fees only) \_\_\_\_\_

Please give a brief description of future plans/reasons for attending the above-noted institution.  
*(Use the back of this form or a separate, attached sheet.)*

To confirm eligibility, applicants are required to provide written diagnosis of their bleeding disorder as verified by qualified clinic staff or a physician. Please use the space provided below.

This is to confirm that \_\_\_\_\_ has been diagnosed with an inherited bleeding disorder.

\_\_\_\_\_  
Signature & Stamp of physician or clinic staff

\_\_\_\_\_  
Date

### **Deadline Information:**

Applications must be post marked on or prior to **June 30<sup>th</sup> 2012**. *Late applications will **not** be considered.*

Receipts must be received by no later than **February 15, 2013**.

### **Mail to:**

**CHS - B.C. Chapter  
P.O. Box 21161 Maple Ridge Square RPO  
Maple Ridge, B.C.  
V2X 1 P7**

### **OFFICE USE ONLY**

Membership current	
Application received by deadline	
Application approved	
Receipt(s) received by deadline	
Receipt(s) approved	
Cheque issued	