



# ALBERTA ASSOCIATION ON GERONTOLOGY

*Improving the Lives of Older Albertans*

## **AAG Bursary 2023**

Caring for older adults, in a diversity of settings, is an increasingly large part of health and human service provision in Alberta. This education bursary is to support an individual currently enrolled in a Health Care Aide program.

### Eligibility:

- Currently enrolled in or accepted to a licensed Health Care Aide certificate program in Alberta

### Guidelines:

- Bursary will be announced in the AAG newsletter and on the website.
- Applications will be accepted within the general scholarship call of the AAG.
- All applications will be reviewed by members of the AAG scholarship committee.
- The AAG scholarship committee will make a recommendation to the Board of the AAG.
- The final decision for the bursary will be made by the Board of the AAG.
- Maximum award is \$1,000.00.
- Awards are presented at the discretion of the AAG Board and available funds.

**Please work with your Instructor/Program Lead or Manager to complete the application. Have your instructor/program lead or manager email one copy of your entire application no later than **April 15, 2023** to [info@albertaaging.ca](mailto:info@albertaaging.ca)**

## AAG Bursary Application Form

**Important:** Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing. Please note:

- **Applications should be typed and sent by email.**
- **Please ensure that you spell out in full any abbreviations used.**
- Please have your Instructor/Program Leader or Manager email one copy of your entire application no later than **April 15, 2023** to [info@albertaaging.ca](mailto:info@albertaaging.ca)

### Section 1: Your details

<b>Surname:</b>	<b>First Name:</b>	<b>Title</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
<b>Home address:</b>	<b>Preferred phone number:</b>  <b>Email for correspondence:</b>	
<b>Are you a member of the AAG? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>Please note that you <u>DO NOT</u> have to be a member to apply for a bursary.</b>		
<b>Are you currently working in the continuing care? (Long term care facility, Home Care or Supportive Living)? YES <input type="checkbox"/> NO <input type="checkbox"/></b>  <b>If YES, what is your job title?</b>  <b>Name and Address of Employer:</b>		

### SECTION 2: Health Care Aide Program Information

<b>Are you</b>  <input type="checkbox"/> <b>Currently enrolled in a Health Care Aide program. Date started: _____</b> <b>OR</b> <input type="checkbox"/> <b>Accepted to start a Health Care Aide Program. Date of start: _____</b>
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**Name and address of the Health Care Aide Program you are accepted in or enrolled in**

**Name of college or school:**

**Address:**

**If you are successful, the AAG may wish to publicise your success and/or your work to the media and in its newsletter. Please sign in the agree box.**

**Agree Yes \_\_\_ No\_\_\_**

**Signature of applicant**

**SECTION 3: Statement by applicant in support of request for funds**

**1. What is your interest in working with older people?**

**2. How will the Health Care Aide program contribute to your career development?**

**SECTION 4: Supporting Reference**

**Reference from your Instructor/Program Leader or Manager** Please ask your Instructor/School Leader or Manager to complete this section. If you are not working, are self-employed or are seeking funding for a career change, an alternative appropriate professional referee such as a past tutor, could complete this. This section may also be in the form of a reference letter.

**Please comment on the applicant's interest in working with older adults and in developing a career as a Health Care Aide.**

**Instructor/School Leader or Manager's Name:**

**Job Title:**

**Email address:**

**Telephone number:**

**Signature:**

**Date:**

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