



ALBERTA ASSOCIATION ON GERONTOLOGY

Improving the Lives of Older Albertans

AAG BURSARY 2024

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:

- Applicants must be currently enrolled in or accepted to a licensed Health Care Aide certificate program in Alberta.

Review Process:

- 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 AAG Board.
- The final decision for the bursary recipient will be made by the AAG Board.
- Awards will be presented at the discretion of the AAG Board and available funds.

Competition Results:

- The bursary award recipient will be announced at the Annual General Meeting, *AAGmag*, and AAG website.
- Maximum award is \$1,000.00.

Application Deadline: Friday, April 12, 2024

NOTE: Please work with your Instructor/Program Lead or Manager to complete this application.

When completed, have them email one copy of your entire application to info@albertaaging.ca by no later than **Friday, April 12, 2024**.



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.

- Applications must be typed and sent by email.
- Ensure that you spell out in full any abbreviations used.

SECTION 1: Applicant Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City Prov Postal Code

Phone: _____ Email _____

Are you a member of AAG? Yes No

(NOTE: You **do not** have to be a member of AAG to apply for a bursary).

Are you currently working in Continuing Care i.e. long term care, home care, supportive living? Yes No

If yes, what is your job title? _____

Name and Address of Employer: _____

SECTION 2: Healthcare Aide Program Information

Are you:

- Currently enrolled in a Health Care Aide Program? Yes No If yes, start date? _____
- Accepted to start a Health Care Aide Program? Yes No If yes, start date? _____

Name and Address of Health Care Aide Program you will be accepted into or enrolled in?

Name of School/College: _____

Address: _____

If you are successful, the AAG may wish to publicize your success and/or your work to its website and in its newsletter.

Do you consent? Yes No If yes, please provide your signature _____

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 from 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/teacher 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 #: _____

Signature: _____ Date: _____

As the applicant's Instructor/Program Lead or Manager please email one copy of the applicant's entire application to info@albertaaging.ca by no later than **Friday, April 12, 2024 @ 4:00 p.m.**