HEALTH CARE AIDE STUDENT BURSARY AWARD

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 with a demonstrated commitment to working with older persons as part of their career.

Eligibility:

- Nominees must be currently enrolled in an approved Health Care Aide certificate program in Alberta and nominated by their program.

Review Process:

- An invitation to nominate one student will be sent to each approved Health Care Aide program listed on the Government of Alberta website.
- All nominations 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, AAG*mag,* and AAG website.
- Maximum award is $1,000.00.

Application Deadline: Friday, April 11, 2025

Important for Nominees: Please work with your Instructor/Program Lead or Manager to complete the Nomination Form.

ALBERTA ASSOCIATION ON GERONTOLOGY
Improving the Lives of Older Albertans

HEALTH CARE AIDE STUDENT BURSARY AWARD
NOMINATION FORM

IMPORTANT: Please ensure that all relevant sections are completed in full. We are unable to process your application if details are missing.

- Applications must be typed and sent by email from the education program.
- Ensure that you spell out in full any abbreviations used.
- Submissions after 4:00 p.m. on day of deadline will not be accepted.

SECTION 1: Nominee Information

Full Name: _____

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 be nominated 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: _____

If you are successful, 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 2: Healthcare Aide Program Information

Is the nominee currently enrolled in a Health Care Aide Program?

☐ Yes ☐ No   If yes, start date? _____

Health Care Aide Program - Name of School/College: _____

Address: _____

SECTION 3: Statement by Nominee

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

2. How will the Health Care Aide program contribute to developing a career working with older persons?

SECTION 4: Supporting Reference by Instructor/Program Lead or Manager

The Instructor/Program Lead or Manager to complete this section. Please comment on the nominee's interest in working with older adults and in developing a career as a Health Care Aide in an age-related health service.

Instructor/Program Lead/Nominator Name: _____

Job Title: _____

Email Address: _____

Telephone #:_____

Signature: _____   Date of Submission: _____

As the nominee's Instructor/Program Lead/Nominator, please email one copy
of the completed Nomination Form (submitted as one PDF) to
info@albertaaging.ca by no later than Friday, April 11, 2025 @ 4:00 p.m.