ALBERTA ASSOCIATION ON GERONTOLOGY

*Improving the Lives of Older Albertans*

# 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 or diploma 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 Awards & Scholarships Committee.
- The AAG Awards & 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 held in June, AAG Communique, and AAG website.
- Award amount is $1,000.00.

**Important for Nominees:** Please **work with your Instructor, Program Lead or Manager** to complete the Nomination package. Completed nomination packages to be submitted by the Instructor, Program Lead or Manager only

## Application Deadline:

4:00 pm, Monday, April 6, 2026

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# NOMINATION FORM

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

- Applications must be typed and **submitted via email by the instructor, program lead or manager**.
- All abbreviations must be spelled out in full upon first use.
- Late submissions **will not be** accepted.

Date Submitted _____

## NOMINEE

Name of Individual _____

Address _____

City _____

Province _____

Postal Code _____

Email Address: _____

Is the nominee a member of AAG? ☐ Yes ☐ No

Note: Nominees are not required to hold AAG membership.

Is the nominee currently working in Continuing Care, i.e. long-term care, home care, supportive living?
☐ Yes ☐ No

If yes, what is their job title? _____

Name & Address of Employer? _____

If successful, AAG may wish to publicize the nominee's achievement and work on its website and in its newsletter. Does the nominee consent? ☐ Yes ☐ No

If yes, consent must be indicated by the nominee's signature _____

## HEALTH CARE AIDE PROGRAM INFORMATION

Is the nominee currently enrolled in a Health Care Aide Program? ☐ Yes ☐ No

If yes, start date _____ Anticipated end date _____

Name of School/College of Health Care Aide Program _____

Address _____

## STATEMENT BY NOMINEE

On a **separate page**, the nominee is asked to address the following:

1. **Interest in Working with Older Adults**
   Please describe in detail your interest in working with older adults. This statement should be 2–3 paragraphs and may include personal experiences, values, or motivations that have influenced your desire to work in this field.

2. **Contribution of the Health Care Aide Program to Career Development**
   Please explain how the Health Care Aide program supports and contributes to your career development in working with older persons. This response should be 2–3 paragraphs and may highlight relevant skills, knowledge, and experiences gained through the program.

## SUPPORTING REFERENCE BY INSTRUCTOR, PROGRAM LEAD OR MANAGER

On a **separate page**, please provide comments on the nominee's demonstrated interest in working with older adults and their commitment to developing a career as a Health Care Aide within an age-related health care service.

Instructor, Program Lead, or Nominator Name: _____

Name of School :_____

Job Title: _____

Email Address: _____

Telephone #:_____

Signature of Instructor, Program Lead or Manager: _____

As the nominee's **Instructor, Program Lead, or Nominator**, please **email one copy** of the completed Nomination pkg (submitted as one PDF) to info@albertaaging.ca by no later than **4:00 pm. Monday, April 6, 2026**