

# POST SECONDARY BURSARY 專上教育助學金

**DEADLINE 最後期限 APRIL 12, 2019**

We are so happy you would like to apply for the Bursary! We require a **personal written statement** of 500-700 words detailing **You(th) & Mental Health**. Please fill out the application form below and **attach your 2 Letters of Reference, your resume, latest report card AND your Personal written statement** before you submit your application.

我們很高興你申請專上教育助學金，我們需要你寫一篇五百至七百字的文章，題目是 **You(th) & Mental Health**。請填妥下面的表格，並且附上兩封推薦信，你的履歷，最近的成績報告表及你所寫的文章一并繳交。

## APPLICANT INFORMATION 申請資料 PLEASE COMPLETE IN ENGLISH 請用英文填寫

First Name: 名

Last Name: 姓

Address: 地址

City: 城市

Province: 省

Postal Code: 郵區號碼

Email: 電郵

Phone #: 電話號碼

Student #: 學生號碼

## EDUCATION PLAN 教育計劃

Post-Secondary Institution(s): 專上學院

Courses/Programs: 課程

Latest Report:

Attached?

已附最近成績表嗎?

Please describe your career plans: 請寫你將來工作的計劃

High School: 高中

Graduating Year: 畢業年份

2019

Resume:

Attached?

已否附上履歷?

Students will enter Post-Secondary on the Lower Mainland 學生將進入低陸平原的專上學院

## SCHOOL INVOLVEMENT 學校參與

List activities, committees, sports that you are involved in at school. 列明你在學校參與的活動、委員會及運動項目。

## COMMUNITY INVOLVEMENT 社區參與

List your activities in the community, clubs, likes, volunteer opportunities, sports groups.

列明你在社區參與的小組、興趣班、義工組織及運動項目。

Are you prepared to volunteer for CMWAC? 你準備在 CMWAC 做義工嗎?

## PERSONAL 個人

Please describe a short statement on how this bursary will propel you to your future interests and career.

請寫一段短文解釋這獎學金如何推動你發展將來的興趣及工作。

## FINANCES 財務

Please describe how your education will be funded (your savings, work income, RESPs, loans, other scholarships, family support, etc.), plus any circumstances the Community Mental Wellness Association of Canada should be aware of (elite athletics, disability, family support needs, etc.).

請描述你如何支付自己的教育（你的儲備、工作收入、教育基金貸款，其他獎學金及家庭的支持等）連同一些你認為加拿大情緒健康協會應該知道的資料（傑出運動員、傷殘津貼及家庭需要等）。

## PERSONAL STATEMENT 個人文章

Attached? 已附上?

## REFERENCE LETTERS 推薦信

As part of your bursary application, we require that you submit **2 Letters of Reference**.  
Please attach as a Word or PDF file.

為申請獎學金，請附上兩封推薦信，請以 WORD 或 PDF 形式提交。

Attached 2? 已否附上推薦信兩封

## DECLARATION 聲明

I confirm that this information is correct. Should I be successful in this bursary application, I agree to receive my bursary at a public fundraiser function hosted by Community Mental Wellness Association of Canada, the publication of my name, and the submission of this application including a photo release.

本人確定申請表中資料正確無誤，假如本人能成功申請，本人同意在一個由加拿大情緒健康協會主辦的公開籌款活動中，接受此獎學金，本人的名字將被公開，而頒贈過程將被拍照及公開宣傳。

I understand that the Community Mental Wellness Association of Canada may contact my School Counselor or Principal to verify my information in this application.

我明白加拿大情緒健康協會有可能會聯絡本人就讀學校的校長及輔導員。

Counselor/Principal Name:

輔導員/校長姓名

School Phone Number:

學校電話

Signature 簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_



**Community Mental Wellness Association of Canada**

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