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# The Centre for Excellence in Indigenous Health

UBC Certificate in Indigenous Health Administration

and Leadership

**University of British Columbia**

**May 2024 to April 2025**

*Bursary Fund*

The UBC Centre for Excellence in Indigenous Health offers bursaries funded by donors and partners to enhance access of the Indigenous Health Administration and Leadership Program to those who might otherwise be excluded. While most program applicants are successful in securing funding through their Nation, Band, employer or other sources, each year there are a few prospective participants who have been unable to start the program as they were unable to obtain enough funding.

We are committed to increasing access to the program by addressing the financial constraints that may be one of the many barriers to applying. We also recognize that First Nations, Métis and Inuit peoples often face unique financial challenges, and we are devoted to our vision of an equitable and inclusive community of learners at the university. We encourage those who can’t secure enough funding through their own means to apply to the bursary fund.

# Bursary Fund Information

* Funds are awarded to supplement the cost of program fees and are awarded based on financial need.
* Each bursary is valued at approximately $1,250-$3,750.
* Each application is considered with confidentiality, care and respect by our bursary fund selection panel. The panel includes members of the program team, the UBC Centre for Excellence in Indigenous Health and UBC Extended Learning.

# Deadline

Your bursary fund application must be received by Wednesday, March 27th, 2024 for early review and April 8th for final application date. The selection panel will meet and advise bursary applicants of the results of their application within two weeks.

# Submitting Your Application

Please complete and email your application attention “UBC Certificate in Indigenous Health and Leadership Program Assistant.”

**Email**: ihalp.exl@ubc.ca

# Criteria for Selection

All applicants must include the following:

* 1. Available sources of funding.
	2. A budget with anticipated income and expenses during the year of the program.
	3. A brief 250-­‐word statement explaining your financial need, and how financial resources fall short. Detail your community involvement and the unique perspectives, skills and life experiences you bring to the program that support our commitment to increasing access.

# BURSARY FUND APPLICATIONUBC Certificate in Indigenous Health Administration and Leadership

# Personal Information

## Name:

**Contact address**: **Contact phone**:

**Email address**:

# Supporting Financial Information

The bursary fund is designed to increase access to the program to those in most need of financial support. We therefore request as much information as possible to assess each applicant. With limited funds, and everyone having some need, the answers to the following questions and details you provide here make a difference.

1. Please list other sources of funding you have sought, the amounts, and whether they have been provided or denied:
	1. Nation:
	2. Organization(s)/Employer:
	3. Other Bursaries, Scholarships:
2. Budget:

Please list all of your expected sources of income and expenses during the one-year program in the following table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenses** | **Monthly** | **Education Costs** | **Amount** | **Income** | **Amount** |
| Rent/Mortgage |   | Tuition Fee | $6,250 | Employment Monthly Income x 9 months |   |
| Utilities |   | Computer Equipment(i.e., webcam, earphones, etc.)Note: Bursaries cannot cover equipment |   | Family/Personal Contributions  |   |
| Transportation |   | Scholarships |   |
| Food |   | Student Loan |   |
| Phone/Internet/Cable |   | Travel to Vancouver for Residency (including transportation, accommodation, and meals)  |  $ for 1 trip$ for 3 trips  | Nation/Community |   |
| Clothing |   | Employer Contribution |   |
| Child Care |   |  Other: |   |
| Other:   |   |   |   |   |   |
| **Total Expenses (monthly):** **x 9 months:** | **$ (monthly)****$ (total for 9 months)** | **Total Education Costs:** | **$** | **Total Income for 9 months:** | **$** |

1. Please write a brief 250­‐word statement explaining your financial need, and how financial resources fall short. Please also detail your community involvement and the unique perspectives, skills and life experiences you bring to the program that support our commitment to increasing access. Helpful answers give us information about your financial situation and allow the committee to discern your level of need relative to other applicants.