



**Sunshine Coast Healthcare Auxiliary
Legacy Student Bursary (\$1,000.00)
Application Form**

Name :

Address :

Phone contact :

Email contact :

DOB:

Name of active auxiliary member :

Program of healthcare related study :

Name of educational institution :

Address of educational institution:

Start date of study :

Applicable program deadlines (Tuition requirement dates) :

Briefly describe your interest in healthcare :

What impact would this bursary have on your goals ?

Please submit application form with proof of current enrolment from institution in a healthcare program and two personal reference letters.