



**Sunshine Coast Healthcare Auxiliary  
Legacy Student Bursary ( \$2,000.00 )  
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.**