



THE AUXILIARY TO BC CHILDREN'S HOSPITAL  
EDUCATION ENDOWMENT FUND  
(BCCH staff (excluding physicians) and volunteers may apply to this Fund)

APPLICATION FORM

(Please read *Terms of Reference* attached)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial)

Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Phone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Work: \_\_\_\_\_ (Department) Phone: \_\_\_\_\_

Please indicate if you are: Staff : FT  PT  Casual  or Volunteer

Please answer all questions in space provided, not on separate sheet.

Length of time with BCCH (years): \_\_\_\_\_

Volunteer Hours: \_\_\_\_\_

Current Position/Placement: \_\_\_\_\_

Time in Position/Placement: \_\_\_\_\_

Explanation of Request:

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Have you applied to other funding sources? \_\_\_\_\_

If yes, which sources? \_\_\_\_\_

Clearly itemise costs for:

Fees: \_\_\_\_\_ Travel: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Other (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Benefit to BCCH patients and families:**

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**Anticipated Benefit to Applicant:**

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**Brief Resume of background relevant to this application:**

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***Attach two letters of support, one of which should be from Applicant's Department Head.***

***Attach brochures, printed materials in support of the conference, course, seminar etc.***

**PLEASE NOTE ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

**Submit application to:** The Chair, Selection Committee  
Auxiliary to BCCH Education Endowment Fund  
c/o Volunteer Resources – Room 1H45  
Children's & Women's Health Centre of B.C.  
4480 Oak Street, Vancouver, B.C., V6H 3V4  
Fax: (604) 875-3448

**For further Information:** (604) 875-2143

<b>For Office Use Only</b>	<b>Date Received:</b>	<b>Received by:</b>
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