



**Cypress Health Region Volunteer
Bursary Application Form (\$200 – 11 available)**

Personal Information:

Name: _____ Phone Number: _____

Mailing Address: _____

Post-Secondary Program Information:

Institute Name: _____ Location: _____

Program of Study: _____

Volunteer Experience:

Please list any groups, clubs, events, activities or organizations that you have volunteered for in your community or area during the past 5 years (attach separate sheet if necessary):

Activity	Role	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please include an essay (1 page- 400 words) describing your volunteerism and the effect volunteering has on the community, event and individual.**