

Alberta Health Services & Northern Alberta Development Joint Bursary Partnership Program

Alberta Health Services (AHS) & the Northern Alberta Development Bursary (NADB) Program are proud to offer this unique bursary opportunity. This bursary partnership program will match between \$1000 and \$3500 per student – to a maximum of \$7000 per year. Successful applicants must be willing and able to sign **separate** Return of Service agreements from both AHS and the NADB. To satisfy the terms of **both** Return of Service agreements, students will be required to obtain a position at an AHS facility within the NAD geographic area (<https://www.alberta.ca/northern-alberta-development-bursary-program>)

AHS & NADB are not required to find or hold a position on your behalf. Receipt of this bursary is not an offer of employment.

NADB's Criteria and Conditions

- Students must be a resident of Alberta for 12 consecutive months before the start of their program.
- Students must be enrolled **full-time** in a post-secondary program designated by Alberta Advanced Education.
- Students must not be in default of a provincial loan.
- Students must be at arms length from the sponsor (not related and selected by impartial means).
- Students must have reasonably good prospects for employment in northern Alberta upon graduation.
- Students cannot receive the NAD Bursary, First Nations, Métis and Inuit Bursary and the Bursary Partnership Program during the same academic year.
- Students can receive more than one Partnership Bursary, however the total matching funds from NADB cannot exceed \$3500 in the same academic year.

AHS's Criteria and Conditions

- Students must be enrolled in a clinical healthcare related program at an accredited post secondary institution.
- A portion of the funding has been designated to support individuals who identify as Indigenous (First Nations, Métis, or Inuit). Applicants who identify as Indigenous must be able to provide proof of status upon acceptance of the award.
- Applicants **must not** be current employees of Alberta Health Services.
- Other criteria as identified by AHS (such as locations under pressure and occupations in demand).

How To Apply

- Complete the attached form.
- Attach a current résumé.
- Submit all the documents as a single scanned PDF file to ProfessionalDevelopment.Funding@ahs.ca before **11:59 pm on September 27, 2024.**

For more details, please go to the AHS Careers website and search for “Financial Aid” under Students or visit <http://www.albertahealthservices.ca/careers/page11999.aspx>.

Please be sure to check the website for the most up-to-date information on this and all other programs.

Alberta Health Services is collecting your personal information under the Freedom of Information and Protection of Privacy Act Section 33(c) for the purposes of 1) determining eligibility, 2) bursary program administration and management. If you have any questions about the collection of this information, or other questions regarding the **AHS & NADB Joint Bursary Application** or program, please email ProfessionalDevelopment.Funding@ahs.ca

Alberta Health Services & Northern Alberta Development Joint Bursary Partnership Program

Contact Information

Last Name	First Name		
Current Mailing Address	Town or City	Province	Postal Code
Email Address	Phone (Daytime)		

Educational Information

Name of Post-Secondary Institution	Alberta Student Number (9 digit number)		
Town/City	Campus Name (if not attending main campus)		
Program Enrolled in (be specific)			
Major/Minor	Program Type <input type="checkbox"/> Diploma <input type="checkbox"/> Master <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's <input type="checkbox"/> PhD		
What year of your program are you entering? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Length of program in years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Dates planned to attend in the upcoming school year	From (dd-Mon-yyyy)	To (dd-Mon-yyyy)	
What is your expected graduation date (Mon-yyyy)?			

Demographic Information

This award is available to all eligible residents who have lived in Alberta for 12 consecutive months **prior** to the commencement of their program.

Have you lived in Alberta all your life? ☐ Yes ☐ No ► Since when (dd-Mon-yyyy) _____

Alberta Health Services employees are not eligible for this program.
Are you an AHS employee? ☐ Yes ☐ No

Do you self identify as Indigenous? ☐ Yes ► ☐ First Nations ☐ Métis ☐ Inuit ☐ No
A portion of the funding has been designated to support individuals who identify as Indigenous. Successful applicants who identify as Indigenous must be able to provide proof of status upon acceptance of the award.

Which Northern Alberta city or town you would prefer to work in if a position in your field of practice were available?

Top Choice	Second Choice	Third Choice
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Indicating these 3 city/towns does not guarantee you will obtain a position in those locations, nor does it prevent you from accepting a position in another AHS location within the NADC boundaries.

**Alberta Health Services & Northern Alberta Development
Joint Bursary Partnership Program****Student Questionnaire**

This section is to provide the applicant with the opportunity to provide qualitative responses to several factors in the AHS evaluation process. Please use the space below to provide your response. An additional page may be attached if more space is needed. Please ensure your responses are typed or legibly written, including as much detail as possible.

What are your main reasons for wanting to live and work in northern Alberta upon graduation?

What non-financial ways will this bursary benefit your educational and career goals?

What attracted you to a career in healthcare and what steps have you taken to prepare for this career?

**Alberta Health Services & Northern Alberta Development
Joint Bursary Partnership Program**

Student Questionnaire

What are your current and future educational plans? What are your career goals?

Please indicate how you heard about this bursary? (*check more than one if applicable*)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> NADB Website | <input type="checkbox"/> Poster | <input type="checkbox"/> Career Fair at _____ |
| <input type="checkbox"/> AHS Website | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> School/College Representative |
| <input type="checkbox"/> Other _____ | | |

Declaration of Applicant

I declare the information on this application is accurate and complete, and I will promptly inform AHS of any changes to my enrollment, employment, or contact details.

I understand that by participating in this program, AHS and NADB may share the following information:

- 1) Application details (name, address, AB student number, and post-secondary info);
- 2) Changes in legal name and contact details;
- 3) Employment start date, location, end date (if applicable), and hours worked;
- 4) Social Insurance Number;
- 5) Changes in post-secondary enrollment status;
- 6) Changes in bursary eligibility;
- 7) Bursary default and repayment status.

I understand this application's information is subject to audit. I am aware of the reasons for disclosing my personal information, as well as the risks and benefits of consenting or refusing. I may revoke this consent in writing at any time, knowing that AHS and/or NADB may require bursary repayment upon revocation.

Signature

Date (*dd-Mon-yyyy*)