7.1 TERMS OF REFERENCE

Purpose:
The purpose of this committee is to oversee the granting of Bursaries to deserving students in a human health-related course of studies and to research and pursue sources of revenue to grow the Tribute Fund.

Composition:
The members of this committee are the BCAHA Treasurer, as chair and at least four others as appointed by the President.

Term: Ongoing

Accountability:
The Tribute Fund Committee reports to and consults with the BCAHA board at all regularly called meetings of the board or when specifically requested by the President or Executive members.

Responsibilities:

1. Review current financial statements.
2. Access opportunities to increase existing resources.
3. Take action to acquire new revenue sources continuingly.
4. Adjudicate the awarding of the annual bursary as per BCAHA guidelines.

Developed January 2012

7.2 POLICY AND PROCEDURE MANUAL

Tribute Fund Bursary Standing Committee

A. The Bursary Committee shall consist of all officers of the Tribute Fund Board.

B. The committee shall elect the committee chair at its first meeting following the annual general meeting.

C. A quorum of the committee shall be (3) three members.

D. The Bursary Committee shall be responsible for establishing the qualifications for bursary applicants, format for bursary applications, amount of bursary to be awarded and selection of bursary recipient(s).

1. Qualifications for Applicants

a. The applicant must be a resident of the Province of British Columbia

b. Applicants must have volunteered a minimum of fifty hours (50) of service in a youth volunteer program sponsored by a BCAHA member Auxiliary (sponsoring Auxiliary) or any recognized community sponsored organization (i.e.. SPCA, youth programs, Sally Ann, preference will be given to the applicant related to and **or** sponsored by a BCAHA member or Auxiliary in good standing.

c. The sponsoring Auxiliary or Organization shall provide the applicant with a letter of reference.

d. The applicant must be a student enrolled in a post-secondary institute in a health-care program of studies and have indicated financial need.

2. Application Forms

a. Auxiliaries who sponsor youth volunteer programs shall provide students with letters indicating their hours of service, a bursary application, and any references they deem appropriate in assisting with the bursary application process.

b. Application forms will be obtained through the sponsoring Auxiliary, or the BCAHA website(**bchealthcareaux.org**)

c. Each auxiliary will promote the Bursary Award.

d. Applicants must submit by **May 15th to the BCAHA Director of Finance.**

3. Awards

a. Completed application forms will be forwarded to the **Tribute Fund Bursary Committee** who shall make the final selection.

b. The recipient will be notified no later than **June 1st** with a request for confirmation of registration in the post-secondary institute (for payment to proceed).

c. Arrangement for payment will be made with the student or adult and the Educational Institute.

d. If no suitable candidates are found the bursaries may be held over and included in the following year.

7.3

BURSARY PROTOCOL

1. Applicants for the British Columbia Association of Healthcare Auxiliaries (BCAHA) Tribute Fund Bursary must be enrolled in an accredited health-care program.

2. Applicants must have volunteered a minimum of 50 hours in a youth volunteer program sponsored by a BCAHA member auxiliary (Sponsoring Auxiliary) or SPCA, or youth program.

3. The Sponsoring Auxiliary shall provide the applicant with:
   - Certificate to be completed by Auxiliary in co-operation with Volunteer Services Manager confirming the number of volunteer hours worked.
   - Bursary Application Form
   - Letter of Personal Reference

4. Applicants must submit the following to the Tribute Fund Board of the BCAHA.
   Address: BCAHA, Director of Finance
   - Completed Application Form
   - Proof of registration in a health-care studies program
   - A certificate confirming volunteer hours.
   - Letter of Personal Reference

5. Applications must be postmarked by May 15th of the application year so the selection can be made.

6. The selected applicant will be notified by June 1st of the application year. The Bursary will be awarded mid-June of the eligible term. The award will be paid directly to the Institution.

7.4

INFORMATION FOR AUXILIARIES AND YOUTH VOLUNTEER CO-ORDINATORS

Who Is Eligible To Apply For BCAHA Bursary?

- A student seeking financial assistance enrolled in an accredited post-secondary institution in a human health care field, who has accumulated at least 50 volunteer hours in an Auxiliary sponsored program.

Auxiliary Sponsorship

- **Youth Volunteer handled by Sponsoring Auxiliary**
  - Volunteer in Health Care Facility
  - Volunteer in Auxiliary owned/operated venue (gift shop, thrift shop, coffee kiosk)
  - Auxiliary purchases uniform
  - The auxiliary sponsors' awards ceremony
  - Auxiliary sponsors in other ways

- **Youth Volunteers handled by Volunteer Services**
  - Volunteer Services works in conjunction with Auxiliary
  - Auxiliary purchases uniforms
  - An auxiliary sponsors awards ceremony

Bursary Requisites
Auxiliary Requirements

- **To be given to graduating Youth Volunteer by Sponsoring Auxiliary**
  - Certificate of Volunteer Service – must be at least 50 hours
  - Bursary Application Form
  - Letter of recommendation from Sponsoring Auxiliary in conjunction with Volunteer Services if Youth Volunteer falls under Volunteer Manager

Student Requirement

- **When applying for BCAHA Bursary – the first semester or subsequent year**
  - Fill in Bursary Application
  - Include the Certificate of Volunteer Service and Letter of recommendation from Sponsoring Auxiliary
  - Letter of 200 words or less outlining goals and confirming financial need
  - Application to be received by the BCAHA office no later than May 15th

7.5 CERTIFICATE OF VOLUNTEER SERVICE

CERTIFICATE OF VOLUNTEER SERVICE

This Certificate confirms that

(Name) _____

Has completed_____hours of service

As a Youth Volunteer

In association with

(Auxiliary Name) _____

Member of the

British Columbia Association of Healthcare Auxiliaries

Signed:

_____ _____

(Auxiliary Representative) **(Volunteer Coordinator)**

Date: _____