



BERNHARDT (BEN) DOERKSEN MEMORIAL BURSARY

Description

This bursary was established through generous donations made by Linda Doerksen in the name of Bernhardt (Ben) Doerksen.

Application Deadline:

April 30, successful recipients notified in June.

2025 Value: \$500

To be eligible to apply applicants must:

- Be a fourth-year medical student, *in a Canadian institution*, who has successfully matched to:
 - A Family Medicine Residency Program (Priority Choice) OR
 - A Geriatric Medicine Residency Program (Secondary Choice)
- Have attended elementary or secondary school in Quesnel BC for a minimum of two (2) years OR
- Has been a resident of Quesnel for at least two (2) years.
- Preference will be given to the applicant with a demonstrated financial need.

Completed and signed applications can be submitted:

By mail: Quesnel Community Foundation, Box 4158, Quesnel, BC V2J 3J2

By e-mail to: quesnelcommunityfoundation@gmail.com

Ownership:

The applications will become the property of the Quesnel Community Foundation. Successful applicants may be interviewed by members of the selection committee and have the award presented publicly. Applications with special circumstances will be held in confidence or, upon request, be destroyed.

Administration:

The Bernhardt (Ben) Doerksen Memorial Bursary is administered by the Quesnel Community Foundation.



BERNHARDT (BEN) DOERKSEN MEMORIAL BURSARY

APPLICATION FORM

Please fill out every section of the application form and attach the required documents. You may include additional pages for any section as needed.

For questions or clarification, contact the Quesnel Community Foundation by email through quesnelcommunityfoundation@gmail.com

| APPLICANT IDENTIFICATION | | |
|----------------------------------------------------------|------------------------------------------------|------------------------------------|
| Name | <i>Surname (Family Name)</i> <i>First Name</i> | |
| Address | <i>Street Address or P.O. Box</i> | |
| | <i>City/Town</i> | <i>Province</i> <i>Postal Code</i> |
| Phone | | |
| Alternate Phone | | |
| Email Address | | |
| EDUCATION-COMPLETED or IN PROGRESS | | |
| Elementary Education | School Attending or Attended: | |
| | Last attended Date | |
| Secondary Education | High School Attending or Attended: | |
| | Graduation Date | |
| Post-Secondary Education | School Attending or Attended: | |
| | Program of Study | |
| | Dates: | |
| POST SECONDARY SCHOOL YOU PLAN TO ATTEND (if applicable) | | |
| Name of Institution | | |
| Institution Address | | |
| Program of Study | | |
| Intended Start Date | | |



| | |
|--------------------------------|-----------------------------------------------------------------------|
| How many years is the Program? | |
| Attendance? | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |

| REQUIREMENT CHECKLIST |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Two letters of reference or recommendation sent directly to Quesnel Community Foundation or in a sealed envelope with the application |
| <input type="checkbox"/> Budget for the upcoming school year (template attached) |
| <input type="checkbox"/> Transcripts from past and current schools |
| <input type="checkbox"/> Personal Resume |
| <input type="checkbox"/> Letter telling about your community and school involvement and educational, career and personal goals and how they relate to medical related fields |
| <p>**Proof of Quesnel residence required if applying on residency criteria.</p> <p>If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required</p> |

| | |
|-------------------------------|--|
| (Extra Information as needed) | |
|-------------------------------|--|

| DECLARATION | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <input type="checkbox"/> I confirm that the information contained in this application and the accompanying documents is true, accurate and complete. I have fully disclosed all financial information to the best of my ability. I understand the information contained in this application will be shared solely with the members of the Quesnel Community Foundation Bursary Selection Committee | |
| Your Name (print) | Signature |
| | Date |
| Parent/Guardian's Signature (if you are under 18 years of age) | |
| Parent/Guardian Name (print) | Signature |
| | Date |



FINANCIAL INFORMATION – For BURSARY APPLICANTS List income and expenses for the school year.

This Budget covers my study period beginning ___/___/____ (dd/mm/yyyy) and ending ___/___/____ (dd/mm/yyyy)

EXPENSES

| | |
|------------------------------------------------------------|--|
| Tuition and fees | |
| Books and supplies | |
| Other academic expenses (e.g. software, equipment) | |
| Housing (rent, residence fees, room & board, mortgage) | |
| Utilities (not covered in rent, phone) | |
| Food or meal plan | |
| Clothing | |
| Transportation costs | |
| Other (specify – toiletries, entertainment, childcare etc) | |
| TOTAL EXPENSES | |

INCOME

| | |
|---------------------------------------------------------------------------------------------|--|
| Savings – enter amount you will have at the start of the academic year | |
| Employment earnings during academic year (estimated) | |
| Student loans | |
| Awards - Scholarships and bursaries you will receive for your study period | |
| Parental/spousal/sponsor contributions, including RESPs (see below ¹) | |
| Income assistance – welfare, disability assistance you will receive during your school year | |
| Spousal contribution: (if married or common-law, if none explain in your letter) | |
| Other Income – Worksafe BC, child care subsidy etc. | |
| TOTAL INCOME | |

TOTAL SHORTFALL (Expenses minus Income)

ASSETS

| | |
|-----------------------------------------------------------------------------------|--|
| Motor Vehicles – resale value | |
| Other – recreational vehicles, property (do not include principal residence), etc | |

¹ You must include your parents/guardian contribution in the budget if you are financially dependent on your parents as per Student Aid BC guidelines. Parent/guardian contribution is NOT needed if one of the following questions is answered “YES”:

- | | | |
|---------------------------------------------------|------------------------------|-----------------------------|
| Are you married? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have dependent children? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been out of high school 48 months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been Employed for 24 consecutive months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |