



help
hope
heal

Please complete the "Out of the Ashes"
Application Form and forward it to:
Day One Society Bursary Selection Committee
922-3rd Avenue, Kamloops, BC V2C 6W5
Telephone: 250.374.4634

OUT OF THE ASHES

Bursary Program

Day One Society is proud to offer educational bursaries annually of **\$1500** and **\$2500**; and the **Dr Ho-Young Chung bursary** for those in an **ADVANCED EDUCATIONAL PROGRAM** of **\$5000** to one recipient.

OUR MISSION

To provide substance use services and advocacy for individuals, families, and communities.

BURSARY BACKGROUND

Created as a Prevention Initiative, the Board of Directors and invested Community Business Professionals have supported this program to offer support for education, vocation or training opportunities for those in recovery who have demonstrated a strong commitment to recovery.



Bursary Guidelines

ALL Applicants Eligibility Criteria Requirements:

- Applicant must be able to provide a Kamloops home address **OR** have recently moved to Kamloops to attend a local (Kamloops) school facility/program of choice.
- Applicant must have a minimum of one year of recovery time.
- Applicant must be 17 years of age or older.
- Review criteria carefully—any incomplete applications will automatically be declined.
- Applicant must complete the “Out of the Ashes” Application form. The form can be downloaded from Day One Society website or may be picked up at the Day One Society: 922-3rd Avenue, Kamloops, BC.

ALL applications must be completed in their entirety and include the following upon submission:

- Written letter/testimonial story of addiction and journey to recovery. The letter should demonstrate applicant’s desire to change, and to upgrade educationally.
- Provide 3 letters of support and contact information from support persons who can attest to applicant’s sobriety. At least two letters must be provided by professionals from your recovery journey who can attest to your healing journey. Professionals are health care providers, counsellors, or other professional support people. The third letter may be from someone from the 12-step community, family or friend.
- Any incomplete applications will automatically be declined.



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Bursary Guidelines

Dr. Ho-Young Chung Bursary—Additional Eligibility Criteria Requirements

- Applicant must provide copy of certificate, diploma or degree from previous educational program
- Provide educational institution acceptance letter or proof of enrollment in **advanced educational program**
- In testimonial letter provide a detailed explanation of how your educational/vocational program is Advanced Education (i.e. Master level program, advanced level within trades program).
- Be willing to participate in an interview with the OOTA Bursary Committee on request

The Day One Society Bursary Selection Committee will review all the applications and will notify the successful applicant.

Should there be more than one applicant worthy of consideration, a short list and interview may occur.

Thank you for your interest!





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Bursary Conditions

- Proof of enrollment/tuition for current program and/or letter of acceptance from educational institution confirming enrollment.
- Applicants of Dr. Ho-Young Chung bursary must provide certificate, diploma or degree from previous educational program and detailed explanation of how educational/vocational program is Advanced Education

APPLICATIONS MUST BE RECEIVED BY JUNE 30TH OF THE CURRENT YEAR
Application must be completed in its entirety and include all required documentation.

No late applications will be accepted. Applicants must meet all the eligibility criteria as outlined to be considered.





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Out of the Ashes Bursary Application Form

Select one: Applying for \$1500 to \$2500 Applying for \$5000 Advance Education Bursary

NAME IN FULL

Family Name: _____ First: _____ Middle Initial: _____

Length of Time in Recovery and Start Date: _____

Are you currently in recovery? Yes No

MAILING ADDRESS

Number and Street: _____

City/Town _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Alternate Telephone Number: _____

Date of Birth (MM/DD/YYYY): _____

Preferred Pronouns She/Her He/Him They/Them Other _____

SCHOOL INFORMATION

Secondary School Attended: _____ Grade Completed: _____

Name of Institution: _____

Post-Secondary Enrolment—are you currently enrolled/attending university or college?

Yes No

Projected Start Date: _____

Student Number: _____

Declaration: I hereby declare that all the information provided for "Out of the Ashes" Bursary Application is complete and true to the best of my knowledge.

Signature _____

Date: _____

