



## **DR NEIL & EVA BARBER AND FRIENDS HEALTHCARE EDUCATION BURSARY**

### **Description**

Dr. Neil Barber born in Manchester, England August 22nd, 1934, attended Cambridge University and qualified as a medical doctor in 1959.

Eva Barber was born in Germany in 1927 and after the loss her parents at a young age, she made her way to England where she learned English and qualified, with honors, as a nurse.

Immigrating to Quesnel, British Columbia in 1965, after their young family spent three years in Northern Kenya and two years in Swansea, Wales, Neil and Eva embraced the Cariboo and Neil devoted the remainder of his medical career to this region until he retired in 2002. Eva worked as a nurse in Quesnel for several years. Neil was often seen out running in the community up to the time he and Eva moved to Creston BC in 2008. Dr Barber specialized in internal medicine and was a founding member of the Quesnel and District Palliative Care Association in 1985, with support from the Home and Community Care nurses and the Acute Care nurses, he was instrumental in bringing palliative care services and a three-bed hospice unit to Quesnel.

Dr Barber is fondly remembered by family, patients and the health care community as a gentle, intelligent, and devoted husband, father, grandfather, and doctor who treated everyone with gentle kindness, compassion, and grace.

Eva is remembered for her strength and her foundation.

Their love of life and each other will never be forgotten

This Bursary was established through generous donations made by friends, family, and colleagues.

### **Application Deadline:**

April 30, successful recipients notified in June.

### **2024 Value: \$1100**

### **To be eligible to apply applicants must:**

- Be a resident of the Quesnel and/or the son/daughter of a Quesnel family or a graduate from a Quesnel high school.
- Be in Grade 12, plan or be enrolled in post-secondary education, be returning to postsecondary education as a mature student or continuing in a program.
- Be a full or part-time student.
- Be accepted into a health care professional program (nursing, medical, physiotherapy, laboratory, x-ray, etc).
- Preference will be given to the applicant with a demonstrated financial need.
- Be a kind and compassionate individual sensitive to the opinions and needs of others.
- Be hardworking and dedicated to one's studies.



**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](mailto: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:**

Dr Neil & Eva Barber and Friends Healthcare Education Bursary is administered by the Quesnel Community Foundation.



## DR NEIL & EVA BARBER AND FRIENDS HEALTHCARE EDUCATION BURSARY

### APPLICATION FORM

Please fill out every section of the application form and attach 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](mailto:quesnelcommunityfoundation@gmail.com)

APPLICANT IDENTIFICATION	
<b>Name</b>	<i>Surname (Family Name)</i> <i>First Name</i>
<b>Address</b>	<i>Street Address or P.O. Box</i>
	<i>City/Town</i> <i>Province</i> <i>Postal Code</i>
<b>Phone</b>	
<b>Alternate Phone</b>	
<b>Email Address</b>	
EDUCATION-COMPLETED or IN PROGRESS	
<b>Secondary Education</b>	High School Attending or Attended:
	Graduation Date
<b>Post-Secondary Education</b>	School Attending or Attended:
	Program of Study
	Dates:
POST SECONDARY SCHOOL YOU PLAN TO ATTEND	
<b>Name of Institution</b>	
<b>Institution Address</b>	
<b>Program of Study</b>	
<b>Intended Start Date</b>	
<b>How many years is the Program?</b>	
<b>Attendance?</b>	<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 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 forestry or forestry related fields
If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required

(Extra Information as needed)	
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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	
<i>Your Name (print)</i>	<i>Signature</i>
	<i>Date</i>
<b>Parent/Guardian's Signature (if you are under 18 years of age)</b>	
<i>Parent/Guardian Name (print)</i>	<i>Signature</i>
	<i>Date</i>



<b>FINANCIAL INFORMATION – For BURSARY APPLICANTS</b> <b>List income and expenses for the school year.</b>	
This Budget covers my study period beginning ___/___/____ (dd/mm/yyyy) and ending ___/___/____ (dd/mm/yyyy)	
<b>EXPENSES</b>	
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)	
	<b>TOTAL EXPENSES</b>
<b>INCOME</b>	
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 <sup>1</sup> )	
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.	
	<b>TOTAL INCOME</b>
	<b>TOTAL SHORTFALL (Expenses minus Income)</b>
<b>ASSETS</b>	
Motor Vehicles – resale value	
Other – recreational vehicles, property (do not include principal residence), etc	

<sup>1</sup> 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"/> |