



help  
hope  
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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 within two age categories from \$500 to \$2,500.

### 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 a young person(s) in recovery who has demonstrated a strong commitment to a lifestyle free of problematic substance use.



## Bursary Guidelines

### Applicant 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 between 17-29 years of age or 30 years and 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.

### Application must be completed in its 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, upgrade, begin or continue to advance in a training/educational or vocational program.
- 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.

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 or course selection for current program.
- The bursary is to be applied toward registration fees, books or costs associated with program as approved by the Bursary Selection Committee. The amount of money distributed will be within the year of receipt and up to the discretion of the Bursary Selection Committee.
- Should the bursary not fully cover the cost of full registration or course costs, the individual is responsible to pay the difference.

**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

### 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: \_\_\_\_\_      Female      Male      Other  
MM/DD/YY

### 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: \_\_\_\_\_

