

## **BURSARY**

### **STATEMENT OF POLICY**

1. For each fiscal year of the Health Sciences Centre Nurses' MNU Local 10 Education Trust Fund (ETF), monies allocated in its budget, will be available for members of Local 10 who are pursuing full-time studies in nursing or fields relating to nursing (i.e. Degree programs, post-diploma certificate programs, or specialty programs). Full time studies are defined as 60% of a normal course load.
2. Application forms are available by calling 775-6811, by sending a written request to ETF, MNU Local 10 c/o HSC Mailroom or by downloading from [www.mnu10.ca](http://www.mnu10.ca).
3. Applications are to be received complete in every respect at the above address by the deadline published by the Trust Fund. Applications are considered complete when accompanied by:
  - a) proof of acceptance into the intended course of study; and
  - b) two (2) professional reference letters on letterhead stationery
  - c) if this is a repeat, consecutive application, previously submitted references are acceptable. Statement of marks for the previous year shall be submitted.
4. All applicants will be notified after the disbursement meeting by mail in regards to their success or denial.
5. Bursaries are awarded primarily on the basis of the applicants nursing career goals in relation to course of study, however other factors as stated on the application form will be given due consideration by the Committee.
6. Should an applicant for any reason not register for the course work, withdraw, or fail to complete the course work, upon arrangement with the applicant, the total amount of the bursary shall become due and repayable to the Health Sciences Centre ETF. The Committee may consider appeals in exceptional circumstances.
7. The applicant will provide the Committee with evidence of completion of course work.
8. The recipient of financial assistance will advise the Health Sciences Centre ETF of any change of address during his/her course work.

**ONCE YOU HAVE COMPLETED AND MAILED YOUR APPLICATION, PLEASE CALL ETF AT 775-6811 TO CONFIRM YOUR APPLICATION HAS BEEN RECEIVED. THE ETF IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE MAIL.**

## BURSARY APPLICATION

Completed application must reach the ETF the published deadline.

**PLEASE PRINT**

DATE: \_\_\_\_\_

1. NAME OF APPLICANT \_\_\_\_\_
2. PRESENT ADDRESS \_\_\_\_\_  
CITY/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE NUMBER (W) \_\_\_\_\_ (H) \_\_\_\_\_
3. PRESENT POSITION AT HSC \_\_\_\_\_  
Unit/Ward \_\_\_\_\_ Employee ID \_\_\_\_\_
4. INTENDED DEGREE OR PROGRAM AND LOCATION \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

5. STATE RELATIONSHIP BETWEEN CAREER GOALS AND COURSE OF STUDY YOU INTEND TO PURSUE (write on back if space is insufficient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. EDUCATIONAL SESSIONS ATTENDED: (be sure to include training and date of graduation.)

Institution & Location	Dates	Diploma, Degree or Certificate	Specialization

7. NURSING EXPERIENCE: (write on back if space insufficient)

Position & Location	Employer	Dates	Reason For Leaving

8. LIST PROFESSIONAL ORGANIZATIONS IN WHICH YOU HAVE BEEN ACTIVE AND OFFICES HELD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. COST OF TUITION: \_\_\_\_\_ OTHER COSTS (books, etc) \_\_\_\_\_
10. SALARY OR OTHER INCOME DURING COURSE DURATION.
11. ARE THERE ANY SPECIAL FACTORS YOU WOULD LIKE THE COMMITTEE TO TAKE INTO ACCOUNT WHEN CONSIDERING YOUR APPLICATION (*i.e. re-location, dependents, union position, promotions, financial need, academic ability, etc*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. ARE YOU APPLYING FOR OTHER FINANCIAL ASSISTANCE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, FROM WHAT SOURCE(S) AND HOW MUCH?

\_\_\_\_\_  
\_\_\_\_\_

13. HAVE YOU APPLIED FOR OTHER BURSARIES

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES AND ACCEPTED, HOW MUCH DID YOU RECEIVE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. SHOULD I FOR ANY REASON NOT REGISTER FOR THE INTENDED COURSE WORK, WITHDRAW OR FAIL TO COMPLETE THE COURSE WORK, THE TOTAL AMOUNT OF THE BURSARY I RECEIVE SHALL BECOME DUE AND PAYABLE TO THE HEALTH SCIENCES CENTRE ETF UPON ARRANGEMENT.

15. I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE, CORRECT AND COMPLETE IN EVERY ASPECT.

SIGNATURE: \_\_\_\_\_

PRINTED: \_\_\_\_\_

S.I.N. \_\_\_\_\_  
(social insurance number)

**ONCE YOU HAVE COMPLETED AND MAILED YOUR APPLICATION, PLEASE CALL ETF AT 775-6811 TO CONFIRM YOUR APPLICATION HAS BEEN RECEIVED. THE ETF IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE MAIL.**