



HEALTH SCIENCES CENTRE Education Trust Fund



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 and part-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 the total number of courses required for the degree divided by the number of years the applicant indicated they will need to complete the degree. Part-time studies are any percentages less than 60%.
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.
3. Applications are to be received complete in every respect at the above address by the deadline published by the ETF. 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 (if this is a repeat, consecutive application, previously submitted references are acceptable. A statement of marks for the previous year must be submitted.
 - c) statement of fees paid to date.
 - d) list of all courses required for completion of the degree or program.
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 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 AND EFT _____

Unit _____ Employee ID _____

4. INTENDED DEGREE OR PROGRAM AND LOCATION

Beginning date _____ Ending date _____

Number of years to complete the program _____

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: (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 HAVE YOU RECEIVED _____
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 EDUCATION TRUST FUND UPON ARRANGEMENT.
15. I HEREBY TESTIFY THAT THE INFORMATIN GIVEN IN THIS APPLICATION FROM IS TRUE, CORRECT AND COMPLETE IN EVERY ASPECT.

SIGNATURE _____

PRINTED: _____

S.I.N. _____

(Social Insurance Number)

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