

APPLICATION FORM PEI NURSES' UNION BURSARY

1. Name: _____
Surname Given Names

2. Address: _____
Street, PO Box, RR #, Civic #

City, Town, Village Province Postal Code

3. Telephone: Home _____ Work _____

4. SIN# (required): _____ Email: _____

5. Present Employer: _____ Employee No. (6 digit): _____

Position: _____ Date of Employment: _____

6. Past Nursing Experience: _____

7. Have you received a PEI Nurses' Union Bursary before? Yes _____ No _____

If yes, please state year received: _____

Position	Employer	Dates of Employment

8. Education: (List post-secondary institution(s) attended; diploma/certificate/degree obtained; university credits obtained)

Institution	Diploma/Certificate/Degree	Date

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9. Proposed Programme of Study:

Community College/University _____

Diploma/Degree _____ Expected Date of Completion _____

10. Union Activities: _____

11. Professional Activities: _____

12. Additional Comments: _____

