

Misericordia School of Nursing EDUCATION AWARD APPLICATION



APPLICANT INFORMATION (please print or type)

Name:			
Address:			
City, Prov , Postal Code:			
Telephone (home):		Cell No:	
Telephone (business):		Fax No:	
Email Address:			

PREVIOUS NURSING EDUCATION

Type of Program:			
Name of Institution:		Year of Graduation:	

PROPOSED PROGRAM OF STUDY

Program Name / Course(s) Name:			
Educational Institution:		Student #:	
Length of Program:	Starting:	Ending:	
Tuition Cost (TOTAL):	\$	Books:	\$
Other Costs (specify):	\$		

EMPLOYMENT

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of Employment:			
Area of Employment:		Length of Employment:	

FINANCIAL ASSISTANCE (PLEASE INDICATE HOW FINANCIAL ASSISTANCE WILL BE USED)

Have you previously applied for this award?		<input type="checkbox"/> Yes (If Yes, which year _____)	<input type="checkbox"/> No
Identify funding from other sources in addition to this application:	Source	Amount Received	
		\$	
		\$	
		\$	
		\$	

DECLARATION

1. I declare all the information supplied is true and correct.
 2. I agree, if for any reason, I fail to complete my year of study, the total amount of financial assistance provided by the Misericordia School of Nursing Education Award Committee may become due and payable.
 3. I agree to report on my academic progress at the end of my year of study,
 4. I agree to submit proof of course completion to the Misericordia School of Nursing Education Award Committee.

I have included:

- Copy of the letter of acceptance to the program
- Most recent transcript
- Receipts for Tuition, Books, etc.
- Maximum 150 word statement which outlines the relevance of this education for your career advancement and contributions to the profession of nursing
- I have arranged for two (2) current letters of reference; one of which is an current employment reference sent to:
 Misericordia School of Nursing Education Award Committee
c/o Education Services
 Misericordia Health Centre
 99 Cornish Avenue
 Winnipeg, MB R3C 1A2

Date	Signature
------	-----------

FOR MISERICORDIA SCHOOL OF NURSING EDUCATION AWARD COMMITTEE USE ONLY		
Applicant Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> Rejected
Amount Requested	\$	Reason:
Less funding from other sources (if appl)	\$	
<input type="checkbox"/> Advise to apply for other funding sources		
Total Awarded	\$	

_____ Date AUTHORIZING Signature