



**Bachelor of Nursing Bursary  
Application Form**  
*Revised: September 2015*

The Bachelor of Nursing Bursary Program is available to students in Newfoundland and Labrador enrolled in either year 3 or year 4 of the Bachelor of Nursing (Collaborative) Program and students enrolled in year 1 or year 2 of the Fast Track option. The Bursary Program is also available to residents of Newfoundland and Labrador who are enrolled in the last two years of an approved registered nurse program in another Canadian jurisdiction.

- Recipients are required to provide proof of enrollment with their educational institution prior to any funds being issued. **Proof should be submitted with this application form.**
- Bursary value is \$2,500 **per academic year**, paid to the student in a single lump-sum payment.
- Each \$2,500 bursary will require the student to commit to a 1950 hour service obligation as a registered nurse with a Regional Health Authority (RHA) in Newfoundland and Labrador upon completion of the Bachelor of Nursing Program.
- Students must meet all conditions of employment within the RHA offering employment.
- **DEADLINE: Applications are due to the RHA on or before November 30 of each fiscal year. Fast Track students' applications are due on or before April 30 of each fiscal year.**

Bursary Requested:

Regular

3<sup>rd</sup> Year \_\_\_\_\_ (\$2,500 for 1 yr)

4<sup>th</sup> Year \_\_\_\_\_ (\$2,500 for 1 yr)

4<sup>th</sup> Year \_\_\_\_\_ (\$5,000 for 2 yrs)

Fast-Track

1<sup>st</sup> Year \_\_\_\_\_ (\$2,500 for 1 yr)

2<sup>nd</sup> Year \_\_\_\_\_ (\$2,500 for 1 yr)

2<sup>nd</sup> Year \_\_\_\_\_ (\$5,000 for 2 yrs)

**PART A: PERSONAL INFORMATION (PLEASE PRINT)**

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Initial: \_\_

Previous Name (If applicable): \_\_\_\_\_

2. Social Insurance No.: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_  
(Canada Revenue Agency regulations require the submission of a social insurance number in order to receive a bursary.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Day Month Year

3. Current Address: (Cheque will be mailed to this address unless indicated otherwise)

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

Permanent Address: (If different from above)

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

(H) Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (W) Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you currently employed or have you been employed within the past three months with any RHA?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate which authority:

Eastern Health: \_\_\_\_ Central Health: \_\_\_\_ Western Health: \_\_\_\_ Labrador-Grenfell Health: \_\_\_\_

Date employment commenced/ended: \_\_\_\_\_ to \_\_\_\_\_

**PART B: ACADEMIC INFORMATION (PLEASE PRINT)**

5.

a) Name and Address of Educational Institution:  _____ <b>School</b> _____ <b>Address</b> _____ <b>Address</b> _____ / _____ / _____ <b>City Province Postal Code</b> _____ <b>Telephone Number</b>	b) Bachelor of Nursing Program Information:  ____ / ____ - ____ Month Year <b>Program Start Date</b>  ____ / ____ - ____ Month Year <b>Program Completion Date</b> (not graduation date)
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6. I am a landed immigrant or have permanent resident status: Yes: \_\_\_\_ No: \_\_\_\_  
 (Please attached a copy of your certificate)

I am ordinarily a resident of Newfoundland and Labrador: Yes: \_\_\_\_ No: \_\_\_\_

**PART C: IDENTIFY THE REGIONAL HEALTH AUTHORITY FOR SERVICE AGREEMENT**

7. a) Please indicate the RHA where you plan to work to meet the service obligation. PLEASE CHECK ONLY ONE.  
 While students' preference will be considered, it is not guaranteed.

Eastern Health: \_\_\_\_ Central Health: \_\_\_\_ Western Health: \_\_\_\_ Labrador-Grenfell Health: \_\_\_\_

b) Please RANK the following sectors in order of preference. 1 = Most Preferred, 4 = Least Preferred.

Acute Care: \_\_\_\_ Long Term Care: \_\_\_\_ Home Care /Community Health: \_\_\_\_ Public Health: \_\_\_\_

c) Please indicate your preferred community and/or facility: \_\_\_\_\_

**PART D: REFERENCES**

8. Name two persons (other than immediate relatives) who may be contacted to provide reference to your academic achievements / work experience.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Position: \_\_\_\_\_

**PART E: DECLARATION BY STUDENT**

9. Conditions of Bursary:

- A service agreement must be signed between the student and the RHA prior to any funds being issued.
- The recipient must comply with the terms and conditions of the service agreement and Bachelor of Nursing Bursary Policy.
- According to Canadian tax regulations, students must provide a Social Insurance Number in order to receive a bursary. The appropriate T4A/T4 will be issued for funds disbursed in each calendar year. All bursaries must be reported as a bursary payment on any student loan applications.

10. Declaration by Student:

- I hereby declare that the information given on this application is true and correct to the best of my knowledge; and
- I will update any changes in contact information to the RHA; and
- I have read the Bachelor of Nursing Bursary Policy and agree to be in compliance with such policy; and
- I authorize the Government of Newfoundland and Labrador and the Regional Health Authorities to collect and share information about me as necessary, from any level of government in Canada, education institutions, references named in this application, and/or any other party identified in this application, for the purpose of verifying my eligibility for financial assistance and for verifying my compliance with the terms and conditions of receiving said financial assistance.

\_\_\_\_\_

Date of Application

\_\_\_\_\_

Signature of Student

**Mail the completed form to the RHA where you plan to work to meet the service obligation.**

<p><b>Labrador-Grenfell Health</b> Recruitment and Retention Coordinator Tel: (709) 285-8303</p> <p>Mailing Address: Labrador West Health Centre 1700 Nichols-Adam Highway Labrador City, NL A2V 0B2</p>	<p><b>Eastern Health</b> Human Resources - General Tel 1: (709) 777-7777, ext. 1-2</p> <p>Regional Nursing Recruitment Consultant Tel 1: (709) 777-1613 Tel 2: 1 888 866-1333</p> <p>Eastern Health St. John's, NL</p>
<p><b>Western Health</b> Recruitment Officer Tel: (709) 637-5367</p> <p>Western Health P.O. Box 2005 Corner Brook, NL A2A 1Y4</p>	<p><b>Central Health</b> Recruitment Tel: (709) 292-5650</p> <p>Human Resources Depart. Central Health 21 Carmelite Rd, Grand Falls-Windsor, NL A2A 1Y4</p>