



# Bachelor of Nursing Bursary

## Application Form 2.1



The Bachelor of Nursing Bursary Program is available to students 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 or 1820 (as applicable) hour service agreement 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 on or before Jan 31 of each fiscal year or three months prior to program completion, whichever occurs first. Fast Track students' applications are due on or before June 30 or three months prior to program completion, whichever occurs first.**

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Bursary Requested:	<u>Regular</u>	<u>Fast-Track</u>
	3 <sup>rd</sup> Year _____ (\$2,500 for 1 yr)	1 <sup>st</sup> Year _____ (\$2,500 for 1 yr)
	4 <sup>th</sup> Year _____ (\$2,500 for 1 yr)	2 <sup>nd</sup> Year _____ (\$2,500 for 1 yr)
	4 <sup>th</sup> Year _____ (\$5,000 for 2 yrs)	2 <sup>nd</sup> Year _____ (\$5,000 for 2 yrs)

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### 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: \_\_\_\_\_

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4. 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.

<p>a) Name and Address of Educational Institution:</p> <p>_____</p> <p><b>School</b></p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>Address</b></p> <p>_____ / _____ / _____</p> <p><b>City Province Postal Code</b></p> <p>_____</p> <p><b>Telephone Number</b></p>	<p>b) Bachelor of Nursing Program Information:</p> <p>____/____</p> <p>Month Year</p> <p><b>Program Start Date</b></p> <p>____/____</p> <p>Month Year</p> <p><b>Program Completion Date</b> (not graduation date)</p>
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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 currently 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 agreement. 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: \_\_\_\_\_

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**PART E: DECLARATION BY STUDENT**

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9. Conditions of Bursary:
- A service agreement must be signed between the student and the RHA prior to any funds being issued.
  - The student must maintain continuous enrollment in the Bachelor of Nursing program during the academic year for which the bursary is provided.
  - 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.
  - If conditions of the service agreement are not fulfilled, the student agrees to repay the prorated portion of the bursary.
10. Declaration by Student:
- I hereby certify that the information given on this application is complete and true to the best of my knowledge and belief.
  - I will update any changes in contact information to the NLHBA and RHA.
  - I declare that the Government of Newfoundland and Labrador, the NLHBA and the RHAs have my authorization to collect information about me and exchange information about me, with regards to the fulfillment of any signed service agreement as it considers necessary, from any level of government in Canada, supplied references, and education institutions. And collection, use or disclosure of personal information is in accordance with privacy legislation.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Student

**Email or mail the completed form to the RHA where you plan to work to meet the service agreement. RHAs who preferred to receive applications via mail are identified with an \*.**

<p><b>*Labrador-Grenfell Health</b> Recruitment and Retention Coordinator Tel: (709) 897-2364</p> <p>Mailing Address: Labrador Health Center Labrador-Grenfell Health P.O. Box 7000, Station C Goose Bay, Labrador A0P 1C0</p>	<p><b>Eastern Health</b> Human Resources Strategist Tel 1: (709) 777-3730 Tel 2: 1 888 866-1333</p> <p>Regional Nursing Recruitment Consultant Tel 1: (709) 777-1613 Tel 2: 1 888 866-1333</p>
<p><b>Western Health</b> Recruitment Officer Tel: (709) 637-5367</p>	<p><b>*Central Health</b> Recruitment Tel: (709) 292-2142</p> <p>Mailing Address: Central Health Regional Offices 21 Carmelite Road Grand Falls – Winsor, NL A2A 1Y4</p>