



BURSARY APPLICATION

COMPLETE NAME: _____ S.I.N. # ____ - ____ - ____

COLLEGE: _____

GRADUATION DATE: _____

HOME ADDRESS: _____

CITY/TOWN: _____ PROV: _____ POSTAL CODE: _____

STUDENT ADDRESS: (if different from above) _____

CITY/TOWN: _____ PROV: _____ POSTAL CODE: _____

STUDENT TELEPHONE: _____ OTHER TELEPHONE: _____

FAX: _____ E-MAIL: _____

RPNAO Student Membership: Please indicate date joined: _____

SIGNATURE: _____ DATE: _____

The following attachments must accompany the application:

1. Applicant's Essay of a minimum of 750 words or more of one of the following topics:
 - a. Legislation
 - b. Advocacy for RPNAO
 - c. Scope of Practice
 - d. Leadership
2. Letter from Nursing Faculty stating professionalism and performance of the student.

Applicants will be notified by November 30th, each year of the Trust Fund's decision.

Applications must be submitted **NO LATER THAN OCTOBER 31st**, each year to:

*RPNAO Education Trust Fund - Bursary Award
5025 Orbitor Drive, Building 4, Suite 200
Mississauga, ON L4W 4Y5*

*Telephone: 905-602-4664 ext. 226
Toll Free Number: 1-877-602-4664 ext. 226
Website: www.rpnao.org
Email: info@rpnao.org*