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.

<table>
<thead>
<tr>
<th>Bursary Requested:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular</strong></td>
<td></td>
</tr>
<tr>
<td>3rd Year_______ ($2,500 for 1 yr)</td>
<td>1st Year_______ ($2,500 for 1 yr)</td>
</tr>
<tr>
<td>4th Year_______ ($2,500 for 1 yr)</td>
<td>2nd Year_______ ($2,500 for 1 yr)</td>
</tr>
<tr>
<td>4th Year_______ ($5,000 for 2 yrs)</td>
<td>2nd Year_______ ($5,000 for 2 yrs)</td>
</tr>
</tbody>
</table>

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

1. **Surname:** ____________________ **Given Name:** ____________________ **Initial:** __
   **Previous Name (If applicable):** ____________________

2. **Social Insurance No.:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ______
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 _________________________

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PART B: ACADEMIC INFORMATION (PLEASE PRINT)

5. a) Name and Address of Educational Institution:
   ____________________________
   School
   ____________________________
   Address
   ____________________________
   Address
   ____________________________
   City                             Province     Postal Code
   __________________________________

   b) Bachelor of Nursing Program Information:
   _ _ /_ _ _ _
   Month   Year
   Program Start Date
   _ _ /_ _ _ _
   Month   Year
   Program Completion Date (not graduation date)

   Telephone Number

---

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.

<table>
<thead>
<tr>
<th>Labrador-Grenfell Health</th>
<th>Eastern Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment and Retention Coordinator</td>
<td>Human Resources - General</td>
</tr>
<tr>
<td>Tel: (709) 285-8303</td>
<td>Tel 1: (709) 777-7777, ext. 1-2</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Regional Nursing Recruitment Consultant</td>
</tr>
<tr>
<td>Labrador West Health Centre</td>
<td>Tel 1: (709) 777-1613</td>
</tr>
<tr>
<td>1700 Nichols-Adam Highway</td>
<td>Tel 2: 1 888 866-1333</td>
</tr>
<tr>
<td>Labrador City, NL</td>
<td>Eastern Health</td>
</tr>
<tr>
<td>A2V 0B2</td>
<td>St. John’s, NL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Western Health</th>
<th>Central Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment Officer</td>
<td>Recruitment</td>
</tr>
<tr>
<td>Tel: (709) 637-5367</td>
<td>Tel: (709) 292-5650</td>
</tr>
<tr>
<td>Western Health</td>
<td>Human Resources Depart.</td>
</tr>
<tr>
<td>P.O. Box 2005</td>
<td>Central Health</td>
</tr>
<tr>
<td>Corner Brook, NL</td>
<td>21 Carmelite Rd, Grand Falls-Windsor, NL A2A 1Y4</td>
</tr>
<tr>
<td>A2A 1Y4</td>
<td>A2A 1Y4</td>
</tr>
</tbody>
</table>