



Sheryl Betnar Bursary and Scholarship Application Form

Name: _____

Address: _____

Phone Number: (Home) _____

(Cell) _____

Email: _____

Course/Program: _____

Please attach to the following to your application:

- Enrollment Form and Confirmation of Acceptance or Proof of Completion of the nursing related course/program.
- Tuition or applicable receipts.

Applications without the above information are considered incomplete and will not be considered.

Current/Previous NRHA position held and length in position (if applicable).

Manager Name & Contact (if applicable):

Funds Requested (The scholarship is eligible for \$1500 - The bursary is eligible for \$500)

Financial Information (List other Funding applied for and Approved amounts)

For BOTH Bursary and Scholarship Applicants:

1. How will your nursing program benefit you and your community?

For Scholarship Applicants:

Nursing and Community impact: (attach separate sheet or write on back as needed)

2. How do you contribute to quality nursing care for northern residents?

3. What challenges have you faced in improving your nursing practice and what have you done to manage the challenges?

4. What successes have you had in your nursing practice and how have you changed your nursing practice because of the successes?

5. How will your nursing program benefit you and your community?

I, by signing below, declare that I am currently a Northern Health Region resident, or Flin Flon/Creighton, SK resident, and that I have reviewed the bursary/scholarship eligibility requirements and agree to the conditions regarding withdrawal from the applicable nursing course or program:

Signature: _____

Date: _____

Applications can be forwarded to:
northernregionalnursesmnu@gmail.com

**NO LATE APPLICATIONS WILL BE ACCEPTED. APPLICATION DEADLINE IS THE 3RD FRIDAY OF
OCTOBER AT MIDNIGHT. ONLY SUCCESSFUL APPLICANTS WILL BE CONTACTED**