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NSNU Regional Bursary Application

Please complete this form electronically and submit it by email to your regional vice president.

You <u>must include</u> a receipt for your course/program as part of the submission

Name											
Local											
Address											
City					Province			Po	stal Co		
Primary Telephone				This number is my (please select one)				Home	,	Work	
Primary Email									Designa RN/LPN/I		
Course/Program		s									
Course/Program	T										
Have you receive	d any c	other fur	nding for this	cours	se/progr	am?	,	Yes		No	
If yes, from whom						If yes, in what amount?					
What is the full p	rice of t	this cou	irse/program?	?							
Union Activity											
Do you attend local	meeting	gs?									
Yes No											
If not, why?											