



150 Garland Avenue,
Dartmouth, NS
B3B 0A7

Tel: (902) 469-1474
Fax: (902) 466-6935
www.nsnu.ca
nsnu.office@nsnu.ca

NSNU Family Scholarship Application

NSNU Member Information:

Name:					
Address:					
City:		Province:		Postal Code:	
Tele (home):		Tele (work):			
Local:					

Applicant Information (to be filled out by applicant):

Name:					
Address:					
City:		Province:		Postal Code:	
Tele (home):		Tele (bus):			
Tele (cell):		Email:			
SIN*:					

University/School:					
Program:	<input type="checkbox"/> Nursing Degree <input type="checkbox"/> LPN Program				
Relationship to Member:					

1. Have you previously received a scholarship?:

2. Educational Plans (specify the program in which you're enrolled):



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3. Career plans (upon completion of studies):

4. Why do you think you should receive this scholarship?:
