



150 Garland Avenue,
Dartmouth, NS
B3B 0A7

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

CFNU Annual Scholarship Application

Note: the CFNU scholarship is awarded to an unlicensed student (i.e. does not currently hold a license to practice nursing (e.g. RN, LPN))

Name: _____

Address: _____

_____ **Postal Code:** _____

Phone: _____

Email Address: _____

University/College: (in addition, please specify the program in which you're enrolled)

Do you already hold a nursing license (e.g. RN, LPN)? YES NO

Please note, if you answer yes to this question, your application can not be considered for selection.

1. Educational Plans: (Specify the program in which you're enrolled)



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2. Career plans: (Where and at what kind of job do you expect to work after you complete your studies?)

3. Why do you think you should receive this scholarship:



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Pages 1 & 2 must be completed along with a 1000 word essay on “*Why it is important for a nurse to practice within a unionized environment*”