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## **CFNU Annual Scholarship Application**

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

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:

Pages 1 & 2 must be completed along with a 1000 word essay on "<u>Why it is important for a nurse to practice within a unionized environment</u>"