

150 Garland Avenue, Dartmouth, NS B3B 0A7 Tel: (902) 469-1474 Fax: (902) 466-6935 www.nsnu.ca nsnu.office@nsnu.ca

NSNU Members Annual Scholarship Application

Name	:							
Addres	ss:							
City:			Province:	Postal Code:				
Tele (home):				Tele (work):				
Tele (ce	ell):			Email:				
Universi	ity/Scl	nool:						
Progran	n:							
Scholar	ship(s) of Interest: (ple	ease check))				
☐ Dolores Chase Scholarship (\$1500) or Nursing Degree Scholarship (\$1500)								
☐ Certificate Program Scholarship (\$1500)								
Have you previously received a Scholarship from NSNU? Yes \square No \square								
If yes, w	hich s	scholarship and	what year?					
1. l	Union	Activity						
F	low lo	long have you been an NSNU member?						
F	How often do you attend local meetings?							
	How often do you interact with NSNU social media and how? (E.g. Twitter, Facebook, NSNU Website)							
_ _ _								
A	Are you	ı, or have you bee	en a (please	check all th	at apply	/):	From	То
	•	Shop Steward						



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	BUGLM Committee Member		
	BOGENI Committee Member		
	UMCC/Professional Practice Committee Member		
	Member of a Local Executive		
	Member of the AGM Committee		
	Member of the Constitution & Resolution Committee		
	Member of the Negotiating Committee		
	Member of the Education Committee		
	Member of the Finance Committee		
	Member of the Board of Directors		
	Member of the Promotional & Advisory Committee		
	Other (specify):		
2. Addi	tional union involvement not listed above (spec	ify):	

3. In no more than one page (double-spaced, 12pt font, Times New Roman, 1" margins) please comment on your educational plans, your career plans and why you think you should receive this scholarship.