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NSNU Regional Bursary Application

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

Name									
Local									
Address									
City				Province			Postal Code		
Primary Telephone			This number is my (please select one)	Cell	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>
Primary Email						Designation (RN/LPN/NP)			

Course/Program Details

Educational Institution								
Course/Program								
Have you received any other funding for this course/program?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, from whom				If yes, in what amount?				
What is the full price of this course/program?								

Please note: You will be required to submit a receipt to the NSNU for your course/program

Union Activity

Do you attend local meetings?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If not, why?