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## NSNU Regional Bursary Application

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

|                   |  |  |  |  |          |  |                            |             |      |  |
|-------------------|--|--|--|--|----------|--|----------------------------|-------------|------|--|
| Name              |  |  |  |  |          |  |                            |             |      |  |
| Address           |  |  |  |  |          |  |                            |             |      |  |
| City              |  |  |  |  | Province |  |                            | Postal Code |      |  |
| Primary Telephone |  |  |  | This number is my<br>(please select one) | Cell     |  | Home                       |             | Work |  |
| Primary Email     |  |  |  |  |          |  | Designation<br>(RN/LPN/NP) |             |      |  |

### Course/Program Details

|  |  |  |  |  |                         |  |    |  |  |  |
|--|--|--|--|--|-------------------------|--|----|--|--|--|
| Educational Institution                                      |  |  |  |  |                         |  |    |  |  |  |
| Course/Program   |  |  |  |  |                         |  |    |  |  |  |
| Have you received any other funding for this course/program? |  |  |  |  | Yes                     |  | No |  |  |  |
| 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 |  |
| No  |  |

If not, why?

|  |
|--|
|  |
|--|