

Bay St. George Chapter - Continuing Education Bursary

NOTE: THIS IS NOT AN APPLICATION FORM

This bursary is available to members residing in the Bay St. George area who are participating in a continuing education program or event. The continuing education (CE) bursary will only be awarded if there are no suitable applicants for the Bay St. George academic scholarship.

You will be required to provide the following information on your application:

A.		Cor CRI Soc	ntact NNL cial I	formation : information (Name, E-mail*) Registration Number *REQUIRED nsurance Number (Required for Income Tax purposes) s Trust bursaries and year received
B.	Em pra	Employment Details Employment details are used to demonstrate the relevance of the program/event to your nursing bractice. Employer – RHA, Educational Institution, Private/Self Employed, Other Site (e.g., St. Clare's Mercy Hospital) Area of Responsibility/Specialty Area *REQUIRED Position		
C.	 Course/Program/Certification Details How the program/event relates to your nursing practice (checkboxes) – question completed whether you are applying for a conference/workshop, program/cours certification. 			
		(i)		Inference/Workshop Conference/Event title Organizers City/Town and Province (or State/Country if event is international) Dates Are you presenting at the conference?
		(ii)		gram or Course (e.g., post-basic course/program, etc.) Program/Course (name/title) Offered by Start Date/End Date Number of courses required Are you currently enrolled in/registered for the CE Event?
		(iii)		tification Certification (e.g., specialty, Diabetes Educator, etc.) Organizers Certification Date Currently enrolled/exam scheduled

D. Budget

- ☐ Costs include eligible costs (with applicable taxes)
 - Registration
 - Travel
 - Accommodation
 - o Other
 - Total Cost
- ☐ Other Sources of Financial Assistance
 - o Funding source and amount of any funding you have applied for or received to date to assist with the costs of the program/event and whether the funding has been approved.

E. Personal Statement

☐ A brief statement (maximum **250** words) about how the continuing education will enhance your nursing practice.

Important Notes:

- If your application is successful, you will be required to submit verification of eligible costs
 (e.g., receipt for tuition and/or exam fees) and proof of attendance (for conferences) or proof
 of successful completion of the course/program/certification exam in order to claim your
 bursary. Any additional documentation requirements will be outlined in the notification email
 you receive from the Trust.
- If you are successful in achieving full funding from other sources, you will be asked to
 accept the other funding. If you receive notification that you have received full funding after
 you have received your bursary from the Trust, you are required to notify the Trust and
 return the Trust funds.
- Deadline for receipt of applications:
 - o April 15th for CE events between January and June
 - o October 15th for CE events between July and December
 - Unless otherwise indicated on the Trust website, applications for CE events outside of the specified timeframe will not be accepted (e.g., applications for events between January and June will not be accepted in the fall competition).

Updated: December 2022