# RIVERVIEW HEALTH CENTRE NURSES
# MNU LOCAL 1a
# BURSARY APPLICATION

**Applicant's Information:**

| | | |
|---|---|---|
| Last Name: | First Name: | RHC Unit: |
| Street/Address: | City/Town: | Postal Code: |
| Home Phone: | Cell Phone: | E-mail Address: |

Union Involvement: Executive Position:_____ Dates Served:_____

□ N/A Committee Name:_____ Dates Served:_____

Attended Union Meeting in the Past Year: □ No □ Yes, Approx Date:

Seniority at RHC: □ 0-4 yrs □ 5-9 yrs □ 10+ yrs

**Course Information:**

| | |
|---|---|
| Course Name / Description: | Cost: |
| Date(s) of Course: | Is Course Labour Related Studies? □ Yes □ No |
| Institution / Organization: | |
| Copy of Registration **must be** enclosed: □ Yes □ No - Please explain why not: | |

**DECLARATION and ACKNOWLEDGEMENT**

I declare that the information given on this application is complete and true.

I acknowledge that the personal information provided on this Application is being collected by the RHC Nurses, MNU Local 1a Executive for purposes of administering and funding the Annual Bursary award and for conducting policy analysis and evaluation.

***Applicant's signature:*** _____ ***Date:*** _____

***Submit completed application including copy of registration to the Vice-President of Local 1a***

***Incomplete applications will not be processed.*** ***APPLICATION DEADLINE – FEBRUARY 21st***

***Local 1a Office Use Only:***

**Course Category:** _____

**POINTS: Union:** _____ **Seniority:** _____ **Labour Related:** _____ **TOTAL:** _____

**Approved: □ Yes □ No Reason Declined:** _____