

BURSARY APPLICATION

FULL NAME: _____

COLLEGE: _____

GRADUATION DATE: _____

HOME ADDRESS: _____

CITY/TOWN: _____ PROV: _____ POSTAL CODE: _____

STUDENT ADDRESS: (if different from above) _____

CITY/TOWN: _____ PROV: _____ POSTAL CODE: _____

STUDENT TELEPHONE: _____ OTHER TELEPHONE: _____

FAX: _____ E-MAIL: _____

WeRPN Student Membership: _____

SIGNATURE: _____ DATE: _____

The following attachments must accompany the application:

- 1. Applicant's Essay of 750 to 1000 words on one of the following topics, scholarly format using APA:**
 - a. Client Centred Care
 - b. Patient Advocacy
 - c. Scope of Practice
 - d. Leadership

- 2. Letter from Nursing Faculty on Educational Institution Letterhead stating professionalism and performance of the student.**

Applicants will be notified by November 30th of the Trust Fund's decision.Applications must be submitted **NO LATER THAN OCTOBER 31st** to:WeRPN Education Trust Fund - Bursary Award or email: kflores@werpn.com or fax: 905-602-4666
5025 Orbitor Drive, Building 5, Suite 200
Mississauga, ON L4W 4Y5

*For additional information, please e-mail: sschell@werpn.com
With the subject: WeRPN Education Trust Fund Bursary Program*

*or call the WeRPN office at:
Telephone: 905-602-4664 ext. 234
Toll Free Number: 1-877-602-4664 ext. 234
Website: www.werpn.com*