

## 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**
  - e. **Nurses' Impact During the Pandemic**
  
2. **Letter from Nursing Faculty on Educational Institution Letterhead stating professionalism and/or performance of the student.**

**Applicants will be notified by November 30<sup>th</sup> of the Trust Fund's decision.**Applications must be submitted **NO LATER THAN OCTOBER 31<sup>st</sup>** to:WeRPN Education Trust Fund - Bursary Award  
5025 Orbitor Drive, Building 5, Suite 200  
Mississauga, ON L4W 4Y5or email: [kflores@werpn.com](mailto:kflores@werpn.com)

or fax: 905-602-4666

*For additional information, please e-mail: [lkeirl@werpn.com](mailto:lkeirl@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](http://www.werpn.com)*