

Northwestern Health Unit Bursary Application Form

STUDENT NAME:

_____ (First Name)

_____ (Surname)

ADDRESS:

INSTITUTION YOU ARE CURRENTLY ATTENDING:

_____ ▼

If Post- Secondary, Please Provide Location and Address Information:

INSTITUTION YOU WILL BE/ ARE ATTENDING (If different from above): *Provide Address Information:*

PROGRAM:

EXPECTED YEAR OF GRADUATION:

Requirements:

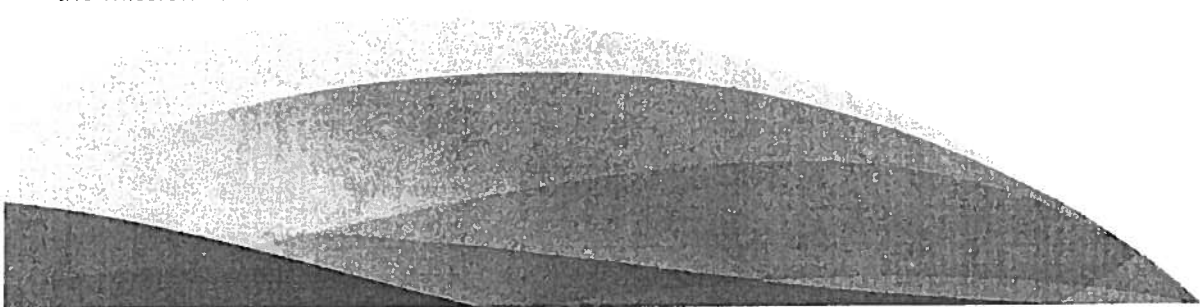
Please provide the following and attach with this downloaded Application Form in your mail or email:

A typed essay in MLA format, 250-500 words (double-spaced) describing how your education/studies meet the mission of the Northwestern Health Unit.



**Northwestern
Health Unit**

www.nwhu.on.ca



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I confirm that I am not an employee of the Northwestern Health Unit, nor an 'immediate family member' of a Northwestern Health Unit employee or Board of Health member as defined by the enclosed Bursary Eligibility information.

Applicant Signature: _____

Date: _____

I confirm that all information provided in my application form and accompanying handwritten application to be correct and accurate.

Applicant Signature: _____

Date: _____

Send completed Applications to:
Human Resources Department
Attn: Rachel Palichuk
Northwestern Health Unit
210 First Street North
Kenora, ON P9N 2K4

Applications must be received by the Human Resources Department by:

- **April 24, 2017 by 4:30 p.m.**

Successful applicants will be required to provide proof of their enrolment in their stated program by their academic institution, before transfer of Bursary funds will be made.



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