

# Northwestern Health Unit Bursary Application Form

STUDENT NAME:

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Surname)

ADDRESS:

PHONE NUMBER:

EMAIL 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 to this Application Form:

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](http://www.nwhu.on.ca)

# Northwestern Health Unit Bursary Application Form

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 27, 2018 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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