



Continuing Education Scholarship Application Form \$1500

Nursing Program: _____

Institution/School: _____ Year in Program: _____

Name: _____

Address: _____
Street City Province Postal Code

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Local/Worksite Name: _____ No. _____

Checklist:

- I am a current MNU member in good standing.
- I am enrolled and actively participating in a Nursing degree program or additional degree program related to Nursing.
- I am enclosing proof of my **CURRENT** enrollment and participation in a course(s) that is part of a Nursing degree / Nursing related degree program.
- Enclosed is an essay with a maximum 300 word count.
- I have not previously received a MNU Continuing Education Scholarship.
- I am willing to have my essay published in part or whole.

Declaration: I declare that all of the information contained in this application is accurate and truthful. I will adhere to the terms and conditions of the scholarship if I am a successful applicant.

Signature: _____ Date: _____

Manitoba Nurses Union abides by the rules and regulations of the Personal Information Protection and Electronic Documents Act (PIPEDA) with regard to capturing, retention and destruction of personal information. This personal information will be used to maintain a record of scholarship applicants. Questions about the collection can be addressed to the Privacy Officer of the MNU (942-1320 or 1-800-665-0043).