

## Appendix G: Bursary and/or Special Education Funding Application Form

Submit completed application (including tuition receipt(s) and proof of course completion) to district executive member/hospital rep.

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 ORNAA DISTRICT: \_\_\_\_\_ MEMBERSHIP#: \_\_\_\_\_

Were you an ORNAA member last fiscal year?    Yes    No  
 List meetings, workshops, etc. attended: \_\_\_\_\_

**COURSE/PROGRAM INFORMATION:**  
 University/education institution: \_\_\_\_\_  
 Degree/Certificate pursuing: \_\_\_\_\_

Course Title	Date/Year of Completion	Tuition Costs (Include receipts)	Proof of Completion (Yes/No)

Are you currently employed in perioperative nursing while pursuing degree/certificate: Yes/No

Are you on an approved LOA: Yes /No

Explain/details (include dates): \_\_\_\_\_

List other sources of funding/amounts: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_