APPLICATION FORM

THE MIRAMICHI HOSPITAL SCHOOL OF NURSING ALUMNAE SCHOLARSHIP

FULL NAME: _____

ADDRESS: _____

_____

TELEPHONE NO: _____

FATHER'S NAME: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION (if self employed state his occupation): _____

MOTHER'S NAME: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION (if self employed state her occupation): _____

NUMBER OF SIBLING: _____

ARE THEY: PRE-SCHOOL PUBLIC SCHOOL POST SECONDARY SCHOOL

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS, BURSARIES OR AWARDS? (PLEASE LIST)

_____

_____

_____

_____

ARE THERE ANY SCHOLARSHIPS, BURSARIES OR AWARDS THAT YOU HAVE ALREADY RECEIVED?

_____

_____

HAVE YOU BEEN ACCEPTED INTO A UNIVERSITY NURSING PROGRAM?

_____

INVOLVEMENT IN VOLUNTEER WORK, YOUTH GROUPS, SPORTS ETC.

REASON FOR ENTERING NURSING PROFESSION:

PLEASE INCLUDE TWO WRITTEN REFERENCES AND A TRANSCRIPT OF SCHOOL MARKS.