

**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 SIBLINGS:** \_\_\_\_\_

**ARE THEY:** PRE-SCHOOL      PUBLIC SCHOOL      POST SECONDARY EDUCATION

**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?**

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**INVOLVEMENT IN VOLUNTEER WORK, YOUTH GROUPS, SPORTS ETC.**

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**REASON FOR ENTERING NURSING PROFESSION:**

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