ONA Local 008 LORI DUPONT BURSARY APPLICATION FORM

Complete the following and provide all the details requested for the application to be considered.

Funds cannot be released without proof of payment and proof of successful completion.

ONA ID # _____Social Insurance Number:_____

Full Name_____

Address_____

City_____ ONT Postal Code_____

Home Tel. No. _____Cell No._____

Email Address _____

Employer: _____

Position:_____

How will this course enhance the nursing care you provide?.

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I certify that the information contained within this application is true & complete. I have provided my SIN number, my receipts and grades or a copy of the certificate of completion. I understand that the successful candidate will be provided a T4 for income tax filing purposes.

Signature_____Date_____

Submit Application by email or fax to Dagmar Ray by April 30, 2012

Fax 519-738-4931 Email *local008tr@ona.org*