

CHARLOTTE CARTER MEMORIAL BURSARY APPLICATION FORM



CAMBRIAN
COLLEGE



INSTRUCTIONS:

ALL SECTIONS MUST BE FULLY COMPLETED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

1. You must meet the following criteria in order to be eligible for this bursary:
 - Be a full-time student of Indigenous descent enrolled in the second-year of a Nursing program at an accredited College or University in Ontario that is recognized by the Ontario College of Nursing.
 - Be of Indigenous decent (status or non-status) – providing proof of Indigenous status via image of your status card, or proof of Indigenous lineage by providing an image of your parent or grandparent's status card.
2. Provide a letter of reference from an Indigenous community leader speaking to your applicant suitability.
3. Provide a copy of unofficial transcripts from your first year of study in a nursing program.
4. Provide a 250-500 word submission describing why you chose to study Nursing and how you hope to use your diploma/degree within Indigenous communities.
5. Submit your completed application by emailing it to foundation@CambrianCollege.ca. Please ensure all the documents you're including in your submission are sent as one PDF document.

Please note: The bursary does not have to be paid back but it is considered taxable income.

FILL OUT THE FOLLOWING:

Student Name: _____

Student Number: _____

Address: _____

Email: _____

Telephone Number: (_____) - _____

Date of Birth (dd/mm/yyyy): _____ / _____ / _____

S.I.N. Number: _____

College/University: _____

I hereby affirm that I am Indigenous (status or non-status)

I reside in the Province of Ontario

I hereby affirm that I am entering my second year of study in a Nursing program

PRIVACY AND CONFIDENTIALITY POLICY AND AUTHORIZATION FOR USE OF INFORMATION:

This information is used to determine program eligibility. Cambrian College may disclose such information where we are legally authorized to do so. All information collected will be kept strictly confidential and will be protected.

STUDENT CONSENT: If awarded a bursary, I hereby grant permission for my name to be used by Cambrian College and/or the postsecondary institution for the purpose of promotion and marketing of the bursary program.

Student Signature

Date (dd/mm/yyyy)

WRITTEN SUBMISSION

Provide a 250-500 word submission describing why you chose to study Nursing and how you hope to use your diploma/degree within Indigenous communities.

WRITTEN SUBMISSION (CONTINUED)