



**Canadian Association of Parish Nursing Ministry
Education Bursary Application Form**

Name: _____

Address: _____

Address: _____

Phone Number: _____

Email: _____

Practicing PN ___ **Retired PN** ___ **Student PN** ___ **Other** ___

Program Details: (brochure, website etc must be included).

How will this program benefit your parish nursing practice or CAPNM :

Have you been a previous recipient of the CAPNM education bursary?

No ___ **Yes** ___ **If yes, please provide date** _____

