



Canadian Association for Parish Nursing Ministry

Education Bursary Application Form

Application Date: _____

Full Legal Name(First & Last): _____

Mailing Address: _____

Phone Number: _____

Email: _____

Practicing PN Retired PN Student PN Other _____

Are you a CAPNM member? Yes No

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

No Yes If yes, please provide date _____

Program Details: (Name of course, brochure, website etc must be included)

Name of Course/Program: _____

Institution/Organization offering the Program: _____

Website: _____

Start Date: _____

Anticipated Completion Date: _____



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I agree to submit proof of successful program completion within two (2) months.

Consent to share the learning experience with CAPNM members by writing a newsletter article for CAPNM or presenting at a Parish Nurse Meeting.

Plan:

Office Use Only and Initials of Staff

Date of Application Received:
Date Application to Education Committee:
Comments:
Date Application Approved by Education Committee:
Date of Approval by Board of Directors:
Receipts Received:
Date of Bursary Sent to applicant(s):