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: _____

Canadian Association for Parish Nursing Ministry

Budget

Registration Fees ($CAN)	Travel Costs ($ CAD) (Transportation, mileage, airfare)	Books/Materials ($ CAD) (Receipts)	Total ($CAN)

Applicants must provide proof within two (2) months of successful completion of course.

Amount reimbursed by employer or from another bursary (if applicable) _____

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

_____

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Canadian Association for Parish Nursing Ministry

☐ 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:

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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):