



**ONTARIO OCCUPATIONAL HEALTH NURSES ASSOCIATION**

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E-mail: [administration@oohna.on.ca](mailto:administration@oohna.on.ca)

**APPLICATION FOR THE NANCY HICKS BURSARY FUND**

**GENERAL INFORMATION**

\_\_\_\_\_  
Surname Given Name

Permanent Mailing address

\_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City Province Postal Code

Present Position: \_\_\_\_\_

Telephone Residence: \_\_\_\_\_

Email: \_\_\_\_\_

State the number of years working as an O.H.N: \_\_\_\_\_

OOHNA number (if applicable): \_\_\_\_\_

**STATEMENT OF PURPOSE**

Accompanying the application, there should be a typewritten statement outlining your purpose in undertaking your Educational Program of Interest and the future use you expect to make of it and its relationship to your perception of Occupational Health Nursing. (500 words max)

**RESUME**

Along with your statement of purpose, please attach a current resume to this application.

**SUPPORTING DOCUMENTS**

Please provide a description of the course you are seeking reimbursement for and proof of enrolment.

## REMINDER

Applications must be received by the OOHNA office fully completed and signed. Selection of the recipient(s) will be completed and announced in the OOHNA newsletter.

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I agree that the information provided is accurate. I have read and agree to the conditions of receipt of this bursary.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

