



ONTARIO OCCUPATIONAL HEALTH NURSES ASSOCIATION

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APPLICATION FOR THE PAT EWEN BURSARY FUND

Application and supporting materials must be submitted to the Ontario Occupational Health Nurses Association (OOHNA) office.

The recipient will be advised by mail or e-mail. The bursary recipient will be announced in the OOHNA XPRESS Newsletter.

Bursary Conditions:

The Bursary shall be granted in three (3) categories:

- i) **full time or part-time studies** of not less than one academic year. The award shall be \$600.00 per recipient per year. This \$600.00 Bursary shall be paid upon proof of successful completion of the academic year.
- ii) Applicants seeking to write the **CNA certification exam** will be awarded up to \$200.00 to cover the difference between CNA and non-CNA member exam rates. Amount will be awarded upon proof of completion of the CNA exam.
- iii) Applicants wishing to complete research or attend an **educational seminar**. Maximum amount awarded will be \$400.00 upon proof of attendance at an educational seminar, or presentation of research proposal and budget.

No more than one award will be granted per applicant per 3 years.

(1) GENERAL INFORMATION

Surname Given Name

Permanent Mailing address

Street Apt. No.

City Province Postal Code

Present Position: _____

Telephone: Residence _____ Business _____

Email: _____

(2) State the number of years working as an O.H.N: _____

OOHNA number (if applicable): _____

(3) **EDUCATIONAL BACKGROUND**

List consecutively all post-secondary education starting with the most recent studies.
(Institution/Area of Study/Degree/Diploma/Certificate/Graduation Date)

(4) **SCHOLARSHIPS AND AWARDS RECEIVED**

(5) **PROFESSIONAL NURSING EXPERIENCE** (Month/Year / Employer / Position)

(6) **REFEREE**

One copy of a document entitled "Letter to Support Application for The Pat Ewen Bursary Fund" is enclosed. (**See page 5** – Page 5 does NOT apply for CNA Certification Funding.)

- (a) Please complete the first section and submit one copy to a referee who is familiar with your professional work and ability.

_____	_____	
Name	Title	
_____	_____	
Street	Department	
_____	_____	
City	Province	Postal Code

(7) **PROFESSIONAL ACTIVITIES**

Outline your OHN involvement, both locally and provincially.

List professional organizations in which you have been active and any offices held.

(8) **PUBLICATIONS AND PROFESSIONAL PAPERS**

(Please identify books, articles and dates of publication)

(9) **RESEARCH PARTICIPATION** (Describe role)

(10) **PROPOSED PROGRAM OF STUDY**

University: _____

Program of Study: _____

Degree Anticipated: _____

Major area of Interest
or Specialization: _____

Date Program to Commence : _____

Anticipated date Program
to be completed: _____

(11) If applying for the CNA Exam Registration, please provide
Date of writing CNA Exam : _____

(12) **STATEMENT OF PURPOSE**

Accompanying the application, there should be a typewritten statement outlining your purpose in undertaking the above program of study and the future use you expect to make of it and its relationship to your perception of Occupational Health Nursing.

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.

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

Signature : _____

Date : _____



**LETTER TO SUPPORT APPLICATION FOR
THE PAT EWEN BURSARY FUND**

Candidate please complete this section before submitting to referee.

Surname _____ Given names _____

Indicate area of study that you have chosen:

Degree _____ Program _____ Institution _____

To the Referee:

OOHNA would appreciate your candid views related this applicant's scholarship, professional work, or OHN involvement.

In your opinion and to the best of your knowledge, please indicate to what extent the applicant possesses academic and leadership potential, nursing capability, and an ability to work effectively with others.

Please attach your letter of reference to this form and return it to the attention of The Pat Ewen Bursary Fund, at the address noted above. Thank you for your assistance.

Name: _____ Signature _____
(please print)

Institution: _____ Position: _____

Date: _____

Award made June 30 and December 30 from applications received during the previous six months.

Rev: May 30, 2008