

COHNA-ACIIST Bursary Education Funding Application Form

Contact Information

Name:

Address:

Phone:

Email:

Nursing License Registration #:

Province/Territory:

Employment Information

Place of Employment:

Address:

Position:

Intended Program of Study or Conference/Workshop:

Please enclose a copy of the completed application registration form/certificate of completion.

Funding

Cost of registration:

Have you applied for or received financial assistance from any other sources?

☐ Yes ☐ No

If yes, please give details:

Have you previously received financial assistance for continuing education from COHNA/ACIIST?

☐ Yes ☐ No

If yes, Amount:

Date:

Verification

I verify the above information is accurate and that my intention is to further my knowledge in occupational health nursing or related field.

I do not give my permission for my name and if available picture to be posted on the COHNA-ACIIST website.

Signature: _____

Date: