

Portage Regional Healthcare Foundation Bursary Application

Bursary Applying for:

Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Do you work at PDGH? Yes No If yes, how many years?

Department: _____ Position: _____

Do you have a family member who works at PRHC or the Clinic ? Yes No

If yes, how many years? _____ Department: _____

Position: _____

Educational Information:

School Attending: _____

Program Attending/Designation: _____

Portion of the Program Completed: _____

Portion of the Program Remaining: _____

Anticipated Completion Date: _____

Program Cost (tuition, books): _____

Will you be attending? (check one) Full Time Part Time

Will you be working while attending school? _____

If yes, place of employment: _____

Number or hours per week? _____

Volunteer Involvement

Please provide any volunteer activities you have been involved in.

Personal Achievements

Please provide details about your personal achievements.

Interests/Extracurricular Involvement

Please provide details about your interests and extracurricular involvement.

Program Overview

Why did you choose to pursue this program?

Do you hope to work at PRHC following the completion of your program?

_____ YES _____ NO

Future Goals

Please provide details of your future goals – where you hope to work, position you hope to hold, and any future continuing education goals

Finances

Outline how this bursary will assist you with the costs associated with attending and completing the program and any other sources of education funding you are receiving or have received.

Please attach proof of enrollment and tuition expenses to the application