

# Dr. Michelle Bailes Bursary Application

This Bursary is for any staff of PDGH or a family member of a PDGH staff seeking to further their education in the healthcare field.

## Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Department: \_\_\_\_\_    Position: \_\_\_\_\_

If no, who is your family member that works at PDGH and what is your relation to them?

\_\_\_\_\_

How long have they worked at PDGH? \_\_\_\_\_

Department: \_\_\_\_\_    Position: \_\_\_\_\_

## Educational Information:

What school will you be attending? \_\_\_\_\_

What program are you enrolled in? \_\_\_\_\_

How long is the program? \_\_\_\_\_

How long do you intend to take to complete the program? \_\_\_\_\_

Tuition Cost: \_\_\_\_\_    Text Book Cost: \_\_\_\_\_

Other Education Related Costs: \_\_\_\_\_

Please list the courses you are enrolled in:


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.

***Future Plans***

How will your continued education help the work you do at PDGH? (if applicable)

How will your continued education help assist with your future and career goals?

How will this bursary assist you in your continued education?

*\*Please attach proof of enrollment and tuition expenses to the application\**