



PARKLAND REGIONAL HEALTH AUTHORITY Student Bursary Application

Name: _____

Permanent Address: _____

Phone Number: _____ **Email:** _____

Current Address: _____

Phone Number: _____ **Email:** _____

Name of Educational Institution: _____

Name of Educational Program: _____

Description of Program: _____

Start Date of Educational Program: _____ Expected Graduate Date: _____

Preferred Work Location/ Program: _____

Applicant's Name: _____ **Date:** _____

Applicant's Signature: _____

Attach: Transcript

Please submit your application along with supporting documents to:

Parkland Regional Health Authority
Human Resources Department
Box 448
Swan River, MB R0L 1Z0

www.prha.mb.ca