



PARKLAND REGIONAL HEALTH AUTHORITY Student Bursary Application

APPLICANT'S NAME: _____

APPLICANT'S PERMANENT ADDRESS: _____

_____ PHONE NO. _____

APPLICANT'S TEMPORARY ADDRESS: _____

_____ PHONE NO. _____

NAME OF EDUCATIONAL INSTITUTION: _____

NAME OF EDUCATIONAL PROGRAM: _____

DESCRIPTION OF PROGRAM: _____

START DATE EDUCATIONAL PROGRAM: _____

GRADUATION DATE EDUCATIONAL PROGRAM: _____

ATTACH TRANSCRIPTS OF COMPLETED YEARS OF EDUCATIONAL PROGRAM

**Please Submit To: Parkland Regional Health Authority
Human Resources Department
Box 448
Swan River, MB R0L 1Z0**