



## Moving Lives Forward Bursary Application Form

**Note to the Applicant:** Please ensure you review the application guidelines before completing this application. Complete the Applicant Information Form (Section A). Forward this form, plus the Reference Form (Section B), to a clinical staff person employed by Eastern Health.

The staff person will complete Section B and he/she will send both sections of your application form to the Moving Lives Forward Bursary Committee.

### Section A: Applicant Information Form (please print clearly)

Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street Address Apartment #

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Date of Birth (Month/Day/Year) Age

Telephone Number: \_\_\_\_\_  
Home Work

Email: \_\_\_\_\_

*For Office Use Only - Reference #:* \_\_\_\_\_

**Name of the institution you plan to attend:**

\_\_\_\_\_

**Name of the course you plan to take (please include course description):**

\_\_\_\_\_  
\_\_\_\_\_

**What is the tuition fee for this course (HST Included)?**

\$ \_\_\_\_\_

**What are the textbook/materials cost for this course?**

\$ \_\_\_\_\_

**Semester for which you seek funding (Please check one):**

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year 20 \_\_\_\_\_

**Course Registration Deadline:** \_\_\_\_\_

**Do you have access to another source of funding to take this course?**

Yes      No

**If yes, please give details of the type of funding, and indicate if awarded:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever received a Moving Lives Forward Bursary?** \_\_\_\_\_

*For Office Use Only - Reference #:* \_\_\_\_\_







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**Signature**

**Date**

**If you require additional information or applications, please call 709-777-5901.  
Please forward this application (Section A & B) to:**

**Email: [hcf@healthcarefoundation.ca](mailto:hcf@healthcarefoundation.ca)**

**Mail: Moving Lives Forward Bursary Fund  
c/o Health Care Foundation  
71 Goldstone Street, Suite 103  
St. John's, NL A1B 5C3**

**Fax: 709-777-5903**

***For Office Use Only - Reference #:* \_\_\_\_\_**