

Student/Education Funding Application

APPLICANT'S NAME: _____

APPLICANT'S PERMANENT ADDRESS: _____

PHONE NO. _____

APPLICANT'S TEMPORARY ADDRESS: _____

PHONE NO. _____

APPLICANT'S EMAIL ADDRESS: _____

NAME OF EDUCATIONAL INSTITUTION: _____

NAME OF EDUCATIONAL PROGRAM: _____

DESCRIPTION OF PROGRAM: _____

START DATE EDUCATIONAL PROGRAM: _____

GRADUATION DATE EDUCATIONAL PROGRAM: _____

LOCATION AND PROGRAM PREFERENCE UPON GRADUATION TO FULFILL ROS AGREEMENT: _____

(ex. Beausejour Hospital, Acute Care)

IF KNOWN, APPLICABLE LOCATION/ PREFERENCE OF SENIOR PRACTICUM: _____

- COVER LETTER ATTACHED
 MARK TRANSCRIPT ATTACHED
 CONFIRMATION OF REGISTRATION ATTACHED
 CURRENT RESUME

LIST NAMES AND PROVIDE WRITTEN REFERENCES (If employee, one reference must be from current manager):

1. _____

2. _____

Please submit to: **Interlake-Eastern Regional Health Authority
Human Resource Department
233A Main Street Selkirk, MB R1A 1S1
(204) 485-5436 hr@ierha.ca**

Acceptance of the funding by the applicant, grants the Interlake-Eastern Regional Health Authority the right to use and publish their names, area of residence and amount awarded, online and in print, in connection with the Interlake-Eastern Regional Health Authority, unless prohibited by law.