

Northwestern Health Unit

Bursary Application Form

STUDENT NAME:

(First Name)

(Surname)

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

INSTITUTION THAT YOU ARE CURRENTLY ATTENDING: _____

If post-secondary, please provide location and address information:

INSTITUTION THAT YOU WILL BE/ARE ATTENDING (if different from above): *Provide Address Information:*

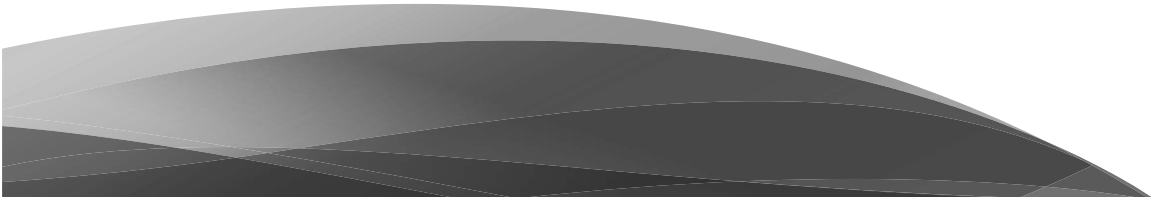
PROGRAM:

EXPECTED YEAR OF GRADUATION:

Requirements:

Please provide the following and attach to this application form:

- A typed essay in MLA format, 250-500 words (double-spaced) describing how your education/studies meet the mission of the Northwestern Health Unit.



**Northwestern
Health Unit**

www.nwhu.on.ca

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I confirm that I am not an employee of the Northwestern Health Unit, nor an 'immediate family member' of a Northwestern Health Unit employee or Board of Health member as defined by the enclosed Bursary Eligibility Information.

APPLICANT SIGNATURE: _____

DATE: _____

I confirm that all information provided in my application form and accompanying handwritten application to be correct and accurate.

APPLICANT SIGNATURE: _____

DATE: _____

Completed applications can be sent to careers@nwhu.on.ca or mailed to:

Human Resources Department

Attn: Rachel Palichuk

Northwestern Health Unit

210 First Street North

Kenora, ON P9N 2K4

Applications must be received by the Human Resources Department by:

- April 22, 2024 by 4:30 p.m.

Successful applicants will be required to provide proof of their enrolment in their stated program by their academic institution, before transfer of Bursary funds will be made.



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