



St. Joseph's Home Care Bursary Fund Employee Application Form

Please Print Clearly

Name: \_\_\_\_\_ Current job position: \_\_\_\_\_ Department: \_\_\_\_\_

Department:

- Corporate, Nursing, Clerical Nursing, Marketed Services, Gwen Lee, Neighbourhood Model, Wellington Terrace

Year started work here: \_\_\_\_\_ Presently work: [ ] full time [ ] part time [ ] casual
Length of full time service: \_\_\_\_\_ Length of part time service: \_\_\_\_\_ Length of casual service: \_\_\_\_\_
Probationary period completed? [ ] yes [ ] no

Highest level of education completed:

Table with 3 columns: Diploma/degree/high school, Educational Institution, Year Completed

Recent courses or certificates you have completed:

Table with 3 columns for course details

Educational goals at this time

Expected degree/diploma/certificate if applicable: \_\_\_\_\_ Predicted date/year of completion: \_\_\_\_\_

Courses for which you are applying for funding:

Form with fields for Course name, Institution, Start date, Finish date, Tuition amount only (repeated 3 times)

Are you receiving or planning to receive any other financial tuition assistance for these courses?

[ ] no [ ] yes: specify from where: \_\_\_\_\_

Applicant's signature

Date

\*\*Please complete page two. Funding will be denied if you fail to complete\*\*

Please type, write or print neatly and clearly.

Name: \_\_\_\_\_ Place of work: \_\_\_\_\_

Describe how this course or these courses will enhance your career, professional development and personal growth. Indicate how the skills learned will apply to your present employment. Also, please explain how going to school will affect your present job. For example, will the amount of hours you work be affected?

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**For Committee use only:**

Educational goals are appropriate:  yes  no

Educational program recognized:  yes  no

Signature: \_\_\_\_\_

Date: \_\_\_\_\_