



**The Paramedic Association
of New Brunswick**
**L'Association des paramédics
du Nouveau-Brunswick**

Healthcare Education Bursary Application

The Paramedic Association of New Brunswick is pleased to offer five (5) bursaries in the amount of \$1000.00 each. The bursaries are offered annually to full-time students who will be attending university, Community College, or trade school enrolled in a Healthcare Education program to provide direct client services after course completion.

Applicant must be a PANB member in good standing or the son, daughter, stepson, stepdaughter, grandchild, spouse or in the guardianship of a member in good standing or of a retired or deceased member.

The basis of this bursary shall be the applicant's financial need and their commitment to providing optimum care to the sick or injured requiring healthcare services to maintain or improve their quality of life.

Please complete the form on both sides.

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____

Telephone Number of Applicant: _____

Applicants Date of Birth: _____
Day / Month / Year

Status of Applicant (Please Circle): (a) Member (b) Son (c) Daughter (d) Stepson (e) Stepdaughter (f) Grandchild (g) Spouse (h) Guardian of:

Name of Applicants Parent, Spouse, or Guardian, a PANB member: _____

Address of Applicants Parent, Spouse, or Guardian: _____

Postal Code: _____

Members Chapter Number and PANB Registration Number : _____

Name and location of school you are planning to attend: _____

Calculated Average: _____

Title of Course/Program you are accepted to take: _____

If you have received any bursaries/scholarships for this year, please outline the name/amount:

If you have a summer job this year, please give details:

The following MUST be completed by a PANB Board of Directors member of whom you, your parent, guardian or spouse is an active, retired, or deceased member in good standing or an Employer Representative (Manager or above)..

I, _____, a PANB Board of Directors member/Employer Representative (strike non-applicable title), do solemnly declare that _____ is a PANB member and related to the applicant as indicated on the application.

Date

Signature

PLEASE NOTE:

1/ You must include a one thousand (1000) word essay describing why you wish to enter/advance in the healthcare field, your aspirations for your future, and your financial need. Also please include a reference letter completed by an individual who is familiar with your educational desire, with full contact information but who is not related.

2/ A copy of your marks transcript for the two (2) most recent years at an educational institution, with the average calculated, should accompany all applications if you are new to university/college or a returning student.

3/ A personal interview may be required, at the discretion of the PANB Honours and Awards Committee.

4/ Bursaries will be awarded at the sole discretion of the PANB Board of Directors.

Date

Signature of applicant:

The successful Applicant will be notified immediately following the approval of the PANB Board of Directors. Proof of course registration and attendance by the successful applicant must be submitted to the PANB Executive Director in order to receive this bursary cheque.

APPLICATIONS must be received by September 1st via email info@panb.ca or mailed to:

PANB Bursary, 298 Main Street, Fredericton, NB, E3A 1C9

Please confirm receipt by telephone 1-888-887-7262