Battle River Community Foundation

Donna and Fred Vanouck Nursing Education Fund

Application Form

(Closing Date for Applications: June 16)

Identification & Contact Information

First Name: _____ Last Name: _____

Email Address: _____

Permanent/Family Address: _____ City: _____
(House and Street or Box Number)

Province: _____ Postal Code: _____ Telephone: _____

Current Address: (if different from above) _____ City: _____
(House and Street or Box Number)

Province: _____ Postal Code: _____ Telephone: _____

Education

High School Attended for Grade 12:

_____ Year of Graduation: _____

Institution at which you are studying medicine:

_____ Year of Study: _____

Supporting Information

- ☐ Copy of High School Diploma or other confirmation of graduation
- ☐ Confirmation of enrollment in Licensed Practical Nurse program, Registered Nurse program whether or not it is a Bachelors degree in Nursing, Registered Psychiatric Nursing program, or advanced degree in Nursing
- ☐ Personal statement of 500 words or less with any other information you would like to express to the awarding committee (Optional)
- ☐ If awarded this scholarship, I agree to the use of my name and picture for Battle River Community Foundation publicity purposes.

Date: _____ Signature: _____

Personal information on this form is used only for the selection and administration process for the Donna and Fred Vanouck Nursing Education Fund. Questions about the collection and use of information collected should be directed to the Executive Director of the Foundation.

Questions may be directed to the Battle River Community Foundation

phone: 780-679-0449 email: ed@brcf.ca

This form and any supplementary information are to be submitted by mail:

Battle River Community Foundation

Box 1122

Camrose AB T4V 4E7

or by email:

ed@brcf.ca