

# *Prince Edward Island Nurses' Union Policy Manual*

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## PEINU Student Bursary Guidelines

Policy Number VII-40

Date Approved: February 19/14  
Last Amended: May 3/17  
Last Reviewed: September 14/16

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### GUIDELINES PEINU STUDENT BURSARY

- 1) All PEINU members are eligible to apply for one of **nine (9)** \$ 1000.000 bursaries for her/his child who is attending a post secondary institution during the calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>).
- 2) Each PEINU member may submit only one application, regardless of how many children the member currently has enrolled in post-secondary studies.
- 3) The member must provide proof of **payment** from the post secondary institution.
- 4) Deadline for application shall be October 31<sup>st</sup> of each year. Late application or incomplete applications will not be considered. Applications are available on the PEINU website (www.peinu.com) and can be submitted to the attention of:

PEI NursesøUnion Student Bursary  
10 Paramount Drive  
Charlottetown PE C1E 0C7  
Applications can also be faxed to: (902) 892-9324

- 5) Recipients will be randomly drawn from the applications received. **Preference will be given to those applicants who have not previously received a bursary from PEINU.**
- 6) Only members whose children are bursary recipients will be advised in advance of posting to the website. The bursaries will be awarded in person in December.

### CRITERIA FOR ELIGIBILITY

- 1) The applicant must be a current member of the PEINU.
- 2) In order to qualify, the memberø child must be enrolled in a program of study at such institution at some time between January 1<sup>st</sup> and December 31<sup>st</sup> of the calendar year.

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**PEI NURSES UNION STUDENT BURSARY POLICY VII-40  
APPLICATION FORM**

Member's Name \_\_\_\_\_

Employee ID No. \_\_\_\_\_

Member's Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

Member's Phone  
Number h) \_\_\_\_\_ w) \_\_\_\_\_

Member's Email \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's SIN #  
(for tax purposes) \_\_\_\_\_

Post Secondary  
Institution \_\_\_\_\_

Program of Study \_\_\_\_\_

Date of Attendance  
in Calendar Year \_\_\_\_\_

**THE MEMBER MUST PROVIDE PROOF OF PAYMENT FROM  
THE POST SECONDARY INSTITUTION**

**INCOMPLETE APPLICATIONS WILL NOT BE ENTERED INTO  
THE DRAW FOR THE BURSARIES.**

Have you received this bursary before?    Yes \_\_\_\_\_    No \_\_\_\_\_