

Application for Tuition Support Program for Nurses Demande de cours gratuit pour Infirmiers/ Infirmières

Please complete all sections:

Surname/Nom de famille	Given names/Prénom(s)	Title/
Present address/ Adresse actuelle	City/Ville	Postal Code/ Code postal
Telephone/ No. de téléphone	Email/Courriel	
I prefer to communicate in English <input type="checkbox"/>		Je préfère communiquer en français <input type="checkbox"/>

College of Nurses of Ontario (CNO) Registration Number? _____
(Note: not available to temporary registrants)

Date of Registration? _____

What is your immigration status in Canada?

Canadian citizen Landed immigrant Other (specify)

What type of program have you graduated from?

RPN RN BScN RN (EC)

Name of college/university attended:	Graduation Date: (MM/DD/YR)
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Is your current permanent residence located no more than 100 kms from the underserved community in which you wish to return service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you attend high school, for at least one full year, no more than 100kms from the underserved community in which you wish to return service? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Total tuition fee for which reimbursement is requested: \$ _____
(Note: Tuition does not include books, student fees)

Number of years for which reimbursement is requested: _____
(Note: You will be required to provide 1 year of return of service for each year of tuition reimbursed. You may apply for all or part of your nursing education)

Have you received tuition or financial support in the form of grants from any other source for this education program?

Nursing Education Initiative \$ _____
 Other (specify) _____ \$ _____

Have you:

- Attached proof of tuition paid (T2202 or letter from school) for each academic year assistance is applied for?
- Attached a copy of CNO Registration Card?
- Attached a copy of CNO Wall Certificate?
- Attached copies of your Nursing Diplomas?
- Attached a blank voided cheque for the bank account to which the funds will be deposited?

I hereby certify that the information is true and correct. I agree to participate in an evaluation of the program if needed.

Signature _____
Date

- Note that the funds provided through the Tuition Support Program for Nurses are subject to federal and provincial income tax.

Personal information contained on this document is collected by virtue of it being necessary for the proper administration of a lawfully authorised activity pursuant to Section 6 of the *Ministry of Health and Long-Term Care Act*, RSO 1990, Chapter M. 26, and, more specifically, for the purpose of establishing eligibility for the Tuition Support Program for Nurses.

