



2007 - 2008
BACHELOR DEGREE IN NURSING
SPONSORSHIPS

DATE RECEIVED

Application deadline is April 20, 2007.

This application is for full-time nursing students who will be, during the academic year of 2007-2008, entering either their 3rd or 4th year of a Canadian Bachelor Degree in Nursing Program.

- It is the applicant's responsibility to have their educational institution supply the PEI Department of Health with their latest official transcripts.
Successful applicants will be notified. Sponsored students are required to provide verification of registration with their educational institution prior to the commencement of the sponsored academic year and prior to any funds being issued.
Sponsorship value is \$2,400 or \$3,000 (Rural Sponsorship) per academic year, paid to the sponsored student in two installments, one in August and one in January.
In return for a Sponsorship, successful applicants must, upon graduation, fulfill a 1950 hour or 3900 hour Return-In-Service Requirement with the Department of Health in Prince Edward Island.
Sponsored students must successfully pass the Canadian Registered Nursing Exam as a condition of employment.

Sponsorship Year Requested 3rd year Rural Sponsorship
4th year Non Rural Sponsorship

Rural Hospitals: Stewart Memorial Hospital, Kings County Memorial Hospital, Souris Hospital, Community Hospital, Western Hospital

Non Rural Hospitals: Prince County Hospital or Queen Elizabeth Hospital

(PLEASE PRINT)

1. Enter your FULL name

Grid for SURNAME

SURNAME

Grid for GIVEN NAMES

GIVEN NAMES

(UNDERLINE ONE MOST COMMONLY USED)

Previous name if applicable

2. SOCIAL INSURANCE NO.

Grid for SOCIAL INSURANCE NO.

YEAR MONTH DAY

DATE OF BIRTH

Grid for DATE OF BIRTH

E-MAIL ADDRESS:

FEMALE BILINGUAL Read Write

MALE Have you participated in the BN Summer Employment? Yes No

Year Facility

Have you received previous PEI BN Sponsorship?

Yes No If Yes, Total Amount \$ Yr Rec'd

3. PERMANENT ADDRESS

NEXT OF KIN (EXCLUDING SPOUSE & CHILDREN)

Number & Street

Name

City

Number & Street

Province

City

Postal Code

Telephone No.

Province

Postal Code

NOTE: Notify Department of Health of any change since correspondence will normally be sent to this address.

Relationship

Telephone No.

ACADEMIC INFORMATION

4.

a) NAME AND ADDRESS OF EDUCATIONAL INSTITUTION YOU ATTEND.

_____ School _____
 _____ Number & Street or P.O. Box _____
 _____ City _____
 _____ Postal Code _____ Telephone No. _____

NOTE: Notify Department of Health if you change educational institutions.

b) INDICATE NAME OF DEGREE

c) ENTERING _____ YEAR OF A _____ YEAR PROGRAM

d) INDICATE NUMBER OF COURSES

1st TERM	2nd TERM

e) ACADEMIC YEAR BEGINS ACADEMIC YEAR ENDS ATTENDING
 YEAR MONTH DAY YEAR MONTH DAY NO. OF WEEKS

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f) UNIVERSITY I.D. NUMBER: _____

5. **RESIDENCE STATUS**

YES I AM A CANADIAN CITIZEN YES I AM A LANDED IMMIGRANT OR HAVE PERMANENT RESIDENT STATUS. (ATTACH A COPY OF YOUR CERTIFICATE)
 NO NO

YES THE LAST PLACE I LIVED FOR 12 CONSECUTIVE MONTHS WHILE NOT ATTENDING A POST-SECONDARY INSTITUTION WAS PRINCE EDWARD ISLAND

NO

IF NO, WHERE?
(Town, Province)

AND

DATE OF MOVE TO PEI

6. **RECORD OF EDUCATION TO DATE (FULL TIME STUDY ONLY)**

LEVEL	NAME OF INSTITUTION	PROVINCE	FROM	TO	HIGHEST LEVEL COMPLETED
			YEAR/MO	YEAR/MO	
HIGH SCHOOL					
POST-SECONDARY					

7. **PREFERRED HOSPITAL SITE FOR RETURN-IN-SERVICE REQUIREMENT - RURAL or NON-RURAL**

Prince Edward Island has hospitals in Rural and Non-Rural areas - **Rural** (Community Hospital and Western Hospital, Stewart Memorial Hospital, Souris Hospital and Kings County Memorial Hospital) and the **Non-Rural Hospitals** (Queen Elizabeth Hospital and Prince County Hospital). Please indicate, in order of your preference, the Hospital Site which you would like to work in upon graduation to meet the Return-In-Service requirement. **NOTE:** You will be required to sign an Agreement with the Department of Health prior to receiving Sponsorship funds. If that Hospital Site cannot offer employment at the commencement of the Agreement, the Agreement will revert to the student's next preference that has a position available and amendments will be made to the original agreement to indicate the change in Hospital Site.

- i) _____
- ii) _____
- iii) _____
- iv) _____
- v) _____

8. **GENERAL INFORMATION**

Please indicate how, during your years of post-secondary study, you have demonstrated qualities of leadership or achievement by accomplishments in the areas listed. As a guide, one paragraph on each topic is sufficient.

a) Academic Achievement (include any awards you have received)

b) Extracurricular University and Scholastic Activities

c) Sports and Recreation and/or The Fine Arts

d) Community, Public Service (ie: volunteer activities)

e) Employment

f) Hobbies, Personal Interests

9. REFERENCES

Name two persons (other than immediate relatives) who may be contacted to provide reference to your academic achievements and work/voluntary experience. One must be a faculty member from the University you attend, the other must be a previous employer or supervisor of a volunteer organization in which you have been involved.

Name: _____ Phone: (____) _____

Position: _____

Name: _____ Phone: (____) _____

Position: _____

10. CONDITIONS OF SPONSORSHIP AWARD:

- A Return In Service Agreement must be signed between an approved applicant and the Department of Health **prior to** any funds being issued.
 - The applicant must maintain continuous full-time status (at least 60% of full-time course load) during the 2007/08 academic year (Fall 2007 and Spring 2008) in the Bachelor of Nursing program at the educational institution she/he is attending.
 - According to Canadian tax regulations students must have a Social Insurance Number in order to receive a Sponsorship. All Sponsorships granted are considered taxable income and therefore the appropriate T4A will be issued for funds disbursed in each calendar year. All Sponsorships must be reported as a bursary payment on any student loan applications.
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11. DECLARATION BY APPLICANT:

- (a) I hereby certify that the information given on this application is complete and true in all respects.
- (b) I declare that the PEI Department of Health has my authorization to collect information about me and exchange information about me, as it considers necessary, from any level of government in Canada, supplied references, and education institutions. Any collection, use, or disclosure of personal information must be in accordance with the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1998, c. F-15.01.
- (c) If my application for Sponsorship is approved, I will use the proceeds granted for the payment of tuition, books, and other associated fees and will report any sponsorship monies received as a bursary payment on any student loan applications.
- (d) I consent to the educational institution I am attending to inform the PEI Department of Health of the nature and value of any scholarship, bursary or other award I may hold.

Date of Application

Signature of Student

Note: Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for Bachelor Degree in Nursing Sponsorship Program and will be used for this purpose. If you have any questions about this collection of personal information, you may contact Cara McAuley, HR Assistant, Department of Health, PO Box 2000, Charlottetown, PEI, C1A 7N8, (902) 620-3420.

Submit your completed application by **April 20, 2007** to the Department of Health, Attn: Human Resources, 16 Garfield Street, P.O. Box 2000, Charlottetown, PEI C1A 7N8. (Telephone: 902-620-3420, Fax: 902-368-6136 or e-mail: clmcauley@ihis.org) It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications will not be considered.