



BERMUDA NURSES ASSOCIATION 2013 EDUCATION GRANT APPLICATION

Dear Applicant,

Please find enclosed your application for the Bermuda Nurses Association (BNA) Grant. Please ensure that you return the completed application along with copies of all supporting documents as requested.

The grant consists of -

- **\$1,500.00** for a minimum of one (2) student undertaking their 2nd year or higher in a Nursing programme at an accredited/approved college or university
- **\$1,000.00** for one (1) Registered Nurse (a current member of the BNA for at least two (2) years) undertaking an advanced Nursing degree.

It is a requirement that the student maintain a Grade Point Average (GPA) of 3.0.

It is imperative that the applicant understands that he/she is bound to successfully complete the course(s) for which the grant is provided within 1 year.

Transcripts must be submitted to the BNA at the completion of the course(s). Failure to comply with the above criteria will require the applicant to return the full amount of the grant to the BNA.

Extenuating circumstances for non-completion of course(s) will require documented evidence.

Completed applications should be returned no later than July 15th 2013 to:

Ms. Karima Stevens
1st Vice President
Bermuda Nurses Association
P.O Box 1466
Hamilton HMFx
BERMUDA

Sincerely,

Karima Stevens
1st Vice President, Bermuda Nurses Association
June 2013



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PERSONAL INFORMATION

Surname: _____ First Name: _____ M.I. _____

Date of Birth: _____ Date of Application: _____

Mailing Address: _____

Telephone: (H) _____ (W) _____

Email Address: _____

EDUCATIONAL DETAILS

College/University: _____ Date Started: _____

Year(s) completed: _____ Current GPA: _____

Expected Date of Graduation: _____

ACADEMIC ACHIEVEMENTS

Date

Achievement



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ESSAY: (Please submit your response to the following question in no more than 100 words).

AS A NURSE, I WILL MAKE/HAVE MADE A DIFFERENCE BECAUSE?



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CONTRACTUAL AGREEMENT

I _____,

(Please print Name)

Agree to return the Bermuda Nurses Association Grant amount of \$ _____ in full, should I not complete the approved course(s) for which the grant was provided.

I have one (1) year from the commencement of my current course(s) to successfully complete it/them. Failure to do so may require me to return the grant.

I understand that I must present supportive documentation if the reason for my not successfully completing the course was beyond my control.

Upon review by the Education Committee of the BNA, this may exonerate me from having to return the grant.

SIGNATURE: _____
(Applicant)

DATE: _____

WITNESS: _____

DATE: _____