



Educational Application for Financial Assistance

For Office Use Only

Part III Nurses / Nurse Managers & Nurse Supervisors

PLEASE NOTE NEW DEADLINE DATES
4 MEETINGS PER YEAR

PLEASE NOTE: ORIGINAL RECEIPTS ARE REQUIRED

Name:

Address:

Postal Code:

Address if <2 years:

*if name & address are different from previous applications, this can cause delays for refunds from NBISA

Email address:

Telephone (home):

EMPLOYMENT

Full-time

Part-time

Casual

Facility

Specific Unit Employed in

Telephone

Classification:

Are you on an approved Leave of Absence?

Yes

No

Maternity/Paternity Leave

LTD

Educational Leave

Secondment

WCB

Other: _____

COURSE/CONFERENCE/WORKSHOP INFORMATION

Masters

Bachelors

Other

- Title and course description. Explain reason(s) why you are taking this course.
- Send course(s) information or program outline, if available.
- Explain conference/workshop.

Expected Start Date: _____

Expected Completion Date: _____

Have you previously received financial assistance under this Educational Assistance Article?

Yes

What amount?

No

Are you receiving financial assistance from other sources?

*Bursary/Scholarship amounts will be deducted from the amount approved by the Educational Assistance Committee

Yes

What amount?

No

**ANY COURSES OFFERED/REQUIRED BY THE EMPLOYER WILL NOT BE FUNDED
INCOMPLETE APPLICATIONS WILL BE REJECTED**

If I receive financial assistance, I agree to provide proof of completion of the course or seminar.

Date: _____

Signature of Applicant: _____

Name of Applicant:

Course	Date Started	Date Completed	Tuition	Books	Total Requested	Total Approved
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$

Conference/Workshop	Date Started	Date Completed	Registration Fee	Material	Total Requested	Total Approved
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
TOTAL AMOUNT APPLICANT IS REQUESTING					\$	
TOTAL REIMBURSEMENT RECOMMENDED TO MINISTER *For office use only*					\$	

ORIGINAL RECEIPTS MUST BE ATTACHED AND CORRESPOND TO THE AMOUNTS REQUESTED

DEADLINE DATES TO RECEIVE APPLICATIONS:
February 28 deadline for the April meeting
May 28 deadline for the July meeting
August 28 deadline for the October meeting
November 28 deadline for the January meeting

**Courses, conferences & workshops MUST begin and/or end in the fiscal year which the applicant is applying.
 (April 1 – March 31 is Fiscal Year)**

If within two (2) weeks of sending in your application, confirmation of receiving your application has not been received, please contact NBNU Office at 1-800-442-4914.

COMPLETE AND RETURN TO:
New Brunswick Nurses Union
103 Woodside Lane, Fredericton, NB E3C 2R9

**GUIDELINES FOR DISBURSEMENT OF FUNDS
PART III NURSES / NURSE MANAGERS & NURSE SUPERVISORS
EDUCATIONAL ASSISTANCE COMMITTEE**

PLEASE READ CAREFULLY!!!

Eligibility

- Applicants must be dues paying members of NBNU or on an approved leave of absence.
- Have completed their probationary period before applying for assistance as per Nurses, Part III and Nurse Managers/Nurse Supervisors Collective Agreement.
- Course/Conference/Workshop must be applicable to ongoing professional development.
- It is the applicant's responsibility to submit sufficient information for the Committee to be able to make a determination. Re: the relevance of the education activity to their profession.

Priorities

- Applicants who have received less than \$5,000 from the Committee in the past.
- If funding is still available, applicants who have received over \$5,000 from the Committee in the past will receive a pro-rated amount.
- A maximum amount given to an applicant at any one meeting will be \$5,000.

Course Criteria

For an application to be considered it must meet criteria as outlined below:

- Any courses **OFFERED/REQUIRED** by the Employer **WILL NOT** be funded.
- Courses, conferences & workshops must begin and/or end in the **FISCAL YEAR** in which the applicant is applying – **April 1 to March 31.**
- Applications **MUST BE** received at Provincial Office by dates as indicated on bottom of page 2 of application.
- All pertinent receipts must be included with completed educational assistance application.
- **ORIGINAL** University-stamped or Credit card receipt for the following:
 - registration or tuition
 - books and other course related material
- Receipts **MUST BE LABELED** to correspond to the course generating the expenses.
- **INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Priority of Expenses

The following expenses will be considered in order of priority at the discretion of the Committee:

- Tuition or registration
- Books
- Conference/Workshops
- Course specific materials as required for the course
- All bursary/scholarship amounts will be deducted from the amount awarded

Receipts for courses may be submitted prior to your successful completion of the course.