



CROSBY FAMILY EDUCATION FUND 2025 APPLICATION FORM

APPLICATION DEADLINE: December 15, 2025.

Please complete all sections.

Section A: INFORMATION FOR STAFF APPLICATION

Name:
FIRST MIDDLE LAST
Current position: Department:
Email: Phone:

Section B: PROFESSIONAL DEVELOPMENT GOALS

Why are you applying for the bursary? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Improve my current work/job | <input type="checkbox"/> Improve my clinical skills |
| <input type="checkbox"/> Career development: i.e. move from RPN to RN | <input type="checkbox"/> Improve my written and spoken English |
| <input type="checkbox"/> Prepare for future jobs in the seniors' field | <input type="checkbox"/> Other (please provide detail below): |

☐ OPTIONAL: I will be including a video submission (please send video to alynde@uhs.on.ca).

Section C: PROGRAM OR COURSE ENROLLMENT DETAILS

Name of Course or Program: Institution (school) Name:

Which Program Year are you currently enrolled in? (Select one)

- ☐ New enrollment ☐ Year 2 ☐ Year 3 ☐ Year 4

Estimated Date of Program/Course Completion:

Please identify what you will use the bursary funds for: (Select all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Books/Materials |
| <input type="checkbox"/> Exam Fees | <input type="checkbox"/> Other (please list): <input type="text"/> |

Section D: REFERENCE DETAILS*

Name of Reference:
FIRST MIDDLE LAST

Relationship to applicant:

Email: Phone:

** Please choose a reference that is able to endorse your application. Please notify your reference that they may be contacted.*

Signature of Applicant: **Date:**

Consent and Conditions:

I/we certify that the information provided on this application is complete, true and accurate.

If awarded a bursary, I/we hereby grant permission for photos to be taken and my/our name to be used by Unionville Home Society and its' affiliate corporations for the purpose of promotion and marketing of the bursary program.

Dated this **day of** **, 2025.**

Please note the following:

- Applicants must retain a copy of this application as the original will be kept on file.
- Repayment of this bursary may be required if your employment is terminated prior to the completion of your course or program OR if you do not complete the course or program.
- You may need to include the bursary amount on your personal income tax return. Further information is available to applicants upon request.

Office Use Only: Committee Notes and Recommendations: