

Family & Friends of Gail La Chapelle Bursary & Education Fund

2023 Application

All information collected on this form will be confidentially assessed by the
Family and Friends of Gail La Chapelle Education Fund Committee.

Applications due: Wednesday, January 17, 2024. Successful applicants will be notified by February 28, 2024.

☐ **I am applying for an Education Grant.**

The Education Grant will provide funds to upgrade nursing skills & further the education of nurses.

☐ **I am applying for a Bursary.**

The Bursary will provide funding for **RN & RPN Nurses** completing their final year of Nursing.

1. Application Information:

Applicant must be a current GBGH Staff Member.

Full Name: _____ GBGH Employee ID #: _____

Address: _____

Phone: _____ Email: _____

2. Education Information:

Program / Course of Study: _____ Credits and/or Years completed: _____

Institution offering program: _____ Enrollment: ☐ Full Time ☐ Part Time

Total Funding Requested: \$ _____

3. Have you applied for, or are receiving assistance from, any other sources?

☐ No ☐ Yes. Please elaborate: _____

4. Please attach your course costs/invoice(s) paid, and proof of enrolment or course completion.

☐ Attached

Continued on reverse...

Please complete and return to:

Jen Russell (russellj@gbgh.on.ca) or drop off to the
GBGH Foundation Office (in the Captain's Cottage)



GBGH Foundation

PO Box 760, Midland, ON L4R 4P4

www.gbghf.ca | 705-526-GIVE (4483)

Charitable Registration # 11896 5789 RR0001

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5a. Explain briefly why you feel that you should receive this funding. *(Below, or attach a separate sheet)*

5b. Please describe how your learning will 'Improve the Health of the Communities We Serve' and promote the GBGH vision of 'Exceptional Care, Every Person, Every Time'.

5b. Please describe how you will share your knowledge and expertise with your team.

☐ *If I am the successful applicant, I give permission for GBGH & the GBGH Foundation to publish my name and photo.*

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____

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