

Dr. Michelle Bailes Bursary Application

This Bursary is for any staff of PDGH or a family member of a PDGH staff seeking to further their education in the healthcare field.

Personal Information:

Name: _____

Address: _____

Phone Number: _____

Do you work at PDGH? Yes No If yes, how many years? _____

Department: _____ Position: _____

If no, who is your family member that works at PDGH and what is your relation to them?

How long have they worked at PDGH? _____

Department: _____ Position: _____

Educational Information:

What school will you be attending? _____

What program are you enrolled in? _____

How long is the program? _____

How long do you intend to take to complete the program? _____

Tuition Cost: _____ Text Book Cost: _____

Other Education Related Costs: _____

Please list the courses you are enrolled in:

Will you be attending? (check one) Full Time Part Time

Will you be working while attending school? _____

If yes, place of employment: _____

Number or hours per week? _____

Volunteer Involvement

Please provide any volunteer activities you have been involved in.

Personal Achievements

Please provide details about your personal achievements.

Interests/Extracurricular Involvement

Please provide details about your interests and extracurricular involvement.

Future Plans

How will your continued education help the work you do at PDGH? (if applicable)

How will your continued education help assist with your future and career goals?

How will this bursary assist you in your continued education?

Please attach proof of enrollment and tuition expenses to the application

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