



Please note that all fields are required unless stated otherwise. Before you complete this application, we highly encourage you to review the FAQs to prepare.

Personal and Contact Information

1. Please provide your full legal name: _____
(The name on your application must match the name listed on your documents.)

2. Ancestral or traditional name (optional): _____

3. Preferred name: _____
(The name you prefer to respond to.)

4. Date of Birth: _____

5. Gender
 Woman
 Man
 Non-binary
 Prefer not to say
 Other: _____

6. Social Insurance Number (required to issue T4A): _____

7. Phone number: _____

8. Email address: _____

9. Permanent mailing address during the applied academic year

10. Address of current residence



11. What is your primary First Nations ancestry? _____

12. Proof of First Nations Status

Please email the front and back of your card or other documentation to foundation@fnha.ca by August 22, 2025, 11:59 PST with Subject Line: Nursing Bursary Application - Status Card or enclose a copy with this application. Please see the Eligibility Section of our FAQ Sheet for more information.

I will email my status card per above.

I do not have a status card and will email other documentation per instructions above.

13. Please share additional relevant information about your ancestry with us. I.E. First Nations affiliations, home community, adopted communit(ies), and other heritage.

Education Information

14. Name of Post-Secondary Institution Where You Are Enrolled:

15. Program Name

Licensed Practical Nurse (LPN)

Registered Nurse (BSN/RN)

Nurse Practitioner (NP)

Other

16. If selected 'Other' above, please specify: _____

17. Are you currently enrolled?

Yes

No



18. Program Start Date: _____

19. Expected Graduation Date: _____

Community Commitment

20. Are you committed to returning to your home community (or a similar First Nations community) in BC to work as a nurse for at least 2-3 years following graduation?

Yes

No

21. If selected 'No' above, please explain:

Financial Information

22. Estimated annual tuition and mandatory fees for the Applied Academic Year

23. Estimated annual living expenses for the Applied Academic Year

24. Other confirmed funding sources (scholarships, grants, band funding, etc.):
(Write 'None' if none.)



25. Are you applying for other bursaries?

Yes

No

26. If selected 'Yes' above, please list:

27. Is there anything else you'd like to share about your financial need?

Personal Statement

Please email this to foundation@fnha.ca by August 22, 2025 11:59PM PST with Subject Line: Nursing Bursary Application - Personal Statement or enclose it with your mailed application.

28. Please share a personal statement (500-750 words written or 3-4 minute audio or video recording) that includes:

- 1) Your connection to your home community
- 2) Why you chose to pursue nursing
- 3) How you plan to serve your community after graduation
- 4) How this bursary will support your journey

I will email per instructions.

I will enclose a copy with this mailed application.



Supporting Documents

Please email all Supporting Documents to foundation@fnha.ca by August 22, 2025 11:59PM PST with Subject Line: Nursing Bursary Application - Supporting Documents or enclose them with your mailed application.

29. Proof of enrollment or acceptance into a nursing program (e.g. letter from institution):

I will email per instructions.

I will enclose a copy with this mailed application.

30. Letter of reference from a community leader, educator, or employer:

I will email per instructions.

I will enclose a copy with this mailed application.

31. Resume or list of work/volunteer experience (optional, but encouraged):

I will email per instructions.

I will enclose a copy with this mailed application.

I understand this is optional and will not provide.

32. Academic transcript (if available):

I will email per instructions.

I will enclose a copy with this mailed application.

I understand this is optional and will not provide.



Declaration

I declare that the information provided in this application is true and complete. I understand that if I am awarded this bursary, I may be required to report on my academic and financial progress and commit to serving my community (or similar community) after graduation.

Signature: _____ Date: _____

Checklist

Use this checklist to ensure you're ready to email required documents to foundation@fnha.ca by August 22, 2025 by 11:59PM PST or have them enclosed with your mailed application.

- Proof of Status (status card or other documentation)
- Personal Statement (written or recorded)
- Proof of program enrollment or acceptance
- Letter of reference
- Resume or list of work/volunteer experience
- Academic transcript

Submission Instructions

Deadline: Friday, August 22, 2025

Submit online or email a completed pdf application by Friday, August 22, 2025 11:59 PM PST or mail this application form by August 22, 2025 (mail must be postmarked August 22, 2025).

Mailing address: First Nations Health Foundation
501 - 100 Park Royal South
West Vancouver, BC
Canada V7T 1A2

Any questions? Please email foundation@fnha.ca or call 604-456-7610.

We look forward to receiving your application and learning about you and your journey.

- The First Nations Health Foundation Team