

APPLICATION FOR BURSARY
PART 1 - APPLICANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Please ensure that the following items are included with your application:

_____ I have attached a copy of my first year Academic Record.
I certify that I am enrolled in the program for the second year.

I have enclosed my 500-word essay on "Qualities of an Effective
Nutrition Manager".

_____ I have attached a copy of my recent resume, which reflects the work
experience I have accumulated during the past academic year.

SIGNATURE: _____

DATE: _____

Please return application and all items listed above, to the OSNM office, no later than June 30th.

APPLICATION FOR BURSARY
PART 2 – PROGRAM COORDINATOR/MENTOR

Applicant's Name: _____

Coordinator/Mentor's Name: _____

Please rate the above named applicant in the following areas, using the scale below:

- | | |
|--------------------------------|--|
| 0 – Not Demonstrated | 4 – Demonstrates Some Strength |
| 1 – Poorly Demonstrated | 5 – Demonstrated Above Average Ability |
| 2 – Demonstrated but very weak | 6 – Outstanding Strength Demonstrated |
| 3 – Demonstrated/Average | |

<i>Ability of the applicant to function in a team setting:</i>	0	1	2	3	4	5	6
<i>Ability of the applicant to communicate with others effectively:</i>	0	1	2	3	4	5	6
<i>Time management skills of the applicant:</i>	0	1	2	3	4	5	6
<i>Professionalism/Maturity:</i>	0	1	2	3	4	5	6
<i>Leadership qualities of the applicant:</i>	0	1	2	3	4	5	6

Please provide us with any comments to support your above ratings and any additional information you may want to provide.

Comments:

Program Coordinator/Mentor Signature: _____

Date: _____

Please return to the OSNM office in the envelope provided, no later than June 30th.

Thank you for your assistance.