



Ontario Society of
Nutrition Management

Application for
BURSARY

PART 1
To be completed by applicant

PLEASE PRINT CLEARLY:

Name

Address: Street, Apt., R.R.

City

Province

Postal Code

Phone number

Email 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 "The Qualities Attributed to a Successful 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: _____

You must also provide your Coordinator/Mentor of your course with Part 2 of the application along with a stamped envelope addressed to the address below:

Return this application and all items listed above to the OSNM office no later than June 30th:

Ontario Society of Nutrition Management
1370 Don Mills Road, Suite 300
Toronto, ON M3B 3N7