



2-555 Hall Ave. E.
PO/CP 370
Renfrew, ON K7V 4A6
www.osnm.org
1-877-847-6766

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 Academic Record, or part thereof.

_____ I certify that I am enrolled in the program for the second year.

_____ I have enclosed my 500-word essay on “xxxx”

_____ 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 this application and all items listed above, to the OSNM office
no later than December 31st.



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**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 | |

0 1 2 3 4 5 6

	0	1	2	3	4	5	6
Ability of the applicant to function in a team	0	1	2	3	4	5	6
Ability of the applicant to communicate with others effectively	0	1	2	3	4	5	6
Time management skills of the applicant	0	1	2	3	4	5	6
Professionalism/Maturity	0	1	2	3	4	5	6
Leadership qualities of the applicant	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 December 31st.