



NB GOVERNMENT EMPLOYEES BURSARY APPLICATION

(Note: Please type your information directly into the text boxes provided. Please print and fax the completed application form to Yorkville University.)

Student Name:

Phone #:

Desired Program Name:

I certify that I am currently employed by the Province of New Brunswick.

Department of Education.

Department of Family and Community Services.

Name and Title of Immediate Supervisor:

Immediate Supervisor's Contact Information:

Phone:

Email:

Fax:

Signature of Applicant: _____

Date:

Signature of Supervisor: _____

Date: