

## Departments of Nursing and Cardiorespiratory Services & the Union of Nursing and Cardiorespiratory Care Professionals of the MUHC - (FIQ)

### Funding Request for College/University Studies

The **deadline** to submit the application and documents is **Friday, October 3, 2025.**

This application process applies **only** to courses completed and passed between **September 01, 2024 and August 31, 2025.** (These include the following Semesters: **Fall 2024, Winter 2025 and Summer 2025**).

#### **SECTION 1 – SUBMISSION PROCEDURE** (please read carefully)

**Please refer to the guidelines posted on the MUHC Intranet/Team Collaboration/Nursing/Education and Professional Development/Bursaries**

1. Print in **block letters**.
2. Ensure that all information requested is provided. **Incomplete forms will not be considered.** You will not be notified that your application form was incomplete.
3. Complete Section 3 for **EACH SEMESTER** of study.
4. Your signature indicates that you are aware and agree with the funding guidelines.
5. Submit the signed and completed application form as well as required documents to [nursing.bursaries@muhc.mcgill.ca](mailto:nursing.bursaries@muhc.mcgill.ca)

#### **SECTION 2 – APPLICANT INFORMATION** Completed by the APPLICANT (Please **PRINT**)

First name:		Last name:		Employee number:	
Social Insurance Number:  ____ - ____ - ____ - ____ (For income tax purposes) <span style="color: red; font-weight: bold;">* Mandatory</span>			Site:	Mission:	Unit:
Extension at Work:		Daytime number:			
Complete home address:			City:		Postal code:
Email:  <span style="color: red; font-weight: bold;">* Mandatory Please PRINT clearly</span>			Employed at the MUHC since:		
* Job title at the time of studies:  _____			Unionized by SPSICR-CUSM (FIQ):  Yes <input type="checkbox"/> No <input type="checkbox"/>		

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**SECTION 3 – PROGRAM / COURSE INFORMATION** Completed by the APPLICANT (Please **PRINT**)

Describe the relevance of this degree/educational program to your practice:

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Name of Educational Institution: _____	
Degree sought: DEC <input type="checkbox"/> BAC <input type="checkbox"/> MASTER <input type="checkbox"/> Certificate <input type="checkbox"/>	Name of Degree or Certificate: _____
<b>Semester :</b> _____	
Course Name: 1. _____	Course Number: N° _____
Course Name: 2. _____	Course Number: N° _____
Course Name: 3. _____	Course Number: N° _____
Course Name: 4. _____	Course Number: N° _____
Course Name: 5. _____	Course Number: N° _____
Course Name: 6. _____	Course number: N° _____
<b>Complete Section 3 for EACH SEMESTER of study (make copies of this page as needed)</b>	



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**SECTION 4 – APPLICANT DECLARATION**

I, the undersigned, declare that:

1. The information provided is true.
2. I have read the **College and University Tuition Funding Guidelines** posted on the Nursing Intranet and agree with the funding guidelines.
3. I have provided all the documents / information requested as specified in the guidelines and on the checklist below.
4. **I intend to remain at the MUHC for at least one year starting January 2026.**
5. I understand that any application submitted after **Friday, October 3, 2025** will not be accepted.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**CHECKLIST**

Be sure to include all the following documents in your application before submitting:

- ☐ A completed and legible **Funding Request for College/University Studies** form
- ☐ **Copy of Transcript** indicating clearly the grade(s) received for the course(s)
- ☐ **Proof of payment** (see guidelines for what is acceptable proof of payment)
- ☐ **Ensure that this application form** is scanned in **PDF** and emailed to [nursing.bursaries@muhc.mcgill.ca](mailto:nursing.bursaries@muhc.mcgill.ca) along with the **required supporting documents** in **one entire PDF**.  
**Do not send cellular pictures of your documents. They will be refused.**

\* **Incomplete applications will not be processed.** It is the responsibility of the applicant to ensure that all supporting documents are included.