PLEASE POST

APPLICATION FORM

Workers' Health and Safety Centre Scholarship

Please	<u>lity Criteria</u> e note: <i>ALL</i> criteria must be met for the appl ch of the boxes below to indicate that the crit	
· · · · · · · · · · · · · · · · · · ·		
	I am a bona fide member	
	currently serve as a health and safety representative for my bargaining unit.	
	I have completed WHSC Level 1 Occupational Health and Safety training and have attached confirmation of the training.	
	I have the approval of my Local for any add	ditional financial support needed.
And if □	applying for an Instructor Upgrade scho I am a certified Instructor for the WHSC.	larship:
<u>Deadline</u>		
	ations <u>must be received at ONA by Decemb</u> d by mail within one week of the decision by	
Name	:	
Addre	ss:	
		Postal Code
ONA I	.D. #	Local #

Send your application to:

Office of the President Ontario Nurses' Association 85 Grenville Street, Suite 400 Toronto, ON M5S 3A2

