



Manitoba Division

**The Multiple Sclerosis Society of Canada
Parkland Chapter**

THE RAIFTA SHWEDYK HEALTH CARE EDUCATIONAL ASSISTANCE BURSARY

INTRODUCTION

A five hundred (\$500) dollar health care education assistance bursary will be awarded annually in memory of the late Mrs. Raifta Shwedyk.

ELIGIBILITY

To be eligible for the receipt of the Raifta Shwedyk Bursary, the following criteria must be satisfied

- A. An applicant must be registered and in attendance at a post secondary education institution which includes but is not necessarily limited to a: university, community college or career college
- B. The applicant must be pursuing a career in the health care field, which includes but is not limited to: nursing, physician, health care aid, optometrist, occupational therapist, or physical therapist
- C. You must be a Manitoba resident. Preference will be give to applicants that are residents/or from the area served by the Parkland Multiple Sclerosis Society.

REGISTRATION

Complete the application form below. All applications much be submitted **on or before** May 1, 2010 to be considered for an education assistance bursary awarded in that year. Successful applicants will be notified by a registered mail.

In addition to the requisite application form, satisfactory evidence confirming course registration and payment of tuition fees or associated costs must be submitted. As well, the applicant must submit a brief resume and summary stating their request for the Raifta Shwedyk Education Assistance Bursary.

RULES AND REGULATIONS

A panel of three will review and consider all applications submitted and will select the successful applicant. The panel shall consist of the Chair of the Parkland Chapter, the Chapter Manager and a registered member of the Chapter. The decisions of the panel are final and all applicants agree to abide by the decision. In the event of a tie, the panel shall have the authority and discretion to award two equal bursaries. The Raifita Shwedyk Health Care Education Assistance Bursary shall be awarded in June, 2010.



**THE RAIFTA SHWEDYK HEALTH CARE EDUCATION
ASSISTANCE BURSARY**

APPLICATION FORM

Name _____ Phone # _____

Address _____

E-mail address _____

Name of educational institution _____

Course of study _____

Registration fee _____ Student # _____

Additional Expenses (e.g. books, supplies, room and board)

Are you receiving other financial assistance to aid your education? If so, from where? _____

How much do you receive? Is the money a loan that must be repaid? _____

Return application and resume to:

MS Society of Canada
Unit B1 101 1st Ave NW
Dauphin, MB
R7N 1G8
Fax: 1-204-622-2949
e-mail: rmspark@mts.net

I certify that the above information is true and correct, to the best of my knowledge

Dated: _____ Signature of Applicant _____