CIPHI Ontario
#720-999 West Broadway Ave
Vancouver BC V5Z 1K5

www.ciphi.on.ca

CIPHI ON Student Provincial Conference Bursary Application Form

Name:
Address:
Phone:
Email:
Practicum Health Unit or Place of Employment and Educational Institution:

Are you currently a student member in good standing prior to this application? *

Yes
No

*Note: This will be verified

Remittance of Bursary:

If selected as the recipient of this bursary, the following will be required within 30 days of attending the Provincial Conference:

- A 500 word report detailing your experience and learnings at the Provincial Conference that will be included in the Ontario Branch News;
- Proof of conference registration and payment.

I understand the above requirements.

Name of Applicant:

Signature of Applicant:

Date:

Please forward the completed application and supplemental information to Breanna Badea, *Membership Support and Engagement Councillor* (membership@ciphi.on.ca) by October 1, 2025.