

Professional Municipal Administrators (PMA) Entrance Bursary

Donor: Professional Municipal Administrators (PMA)
Number of Awards: One
Value: \$1,000
Criteria:

- This bursary is limited to the sons, daughters, or wards of PMA Members (Chief Administrative Officers, Town (City) Clerks, Town (City) Managers or other positions as determined by PMA's membership criteria.
- Awarded to full-time student currently enrolled in any year of any regular program.
- Based on financial need and academic merit.

Required Documents:

- Application Form
- College Financial Statement
- College Reference Form
- Student Progress Report for Industrial Trade students (for courses that are still in progress and not on college transcript)

Deadline: Mid-January

Application on next page.



Professional Municipal Administrators (PMA)
Entrance Bursary

Application must be received by Student Services office by January 19, 2026

Applicant Checklist:

- ☐ A College Financial Statement Form is attached
- ☐ A College Reference Form is attached

Name:	_____	Student #:	_____
Address:	_____	College E-mail:	_____
City:	_____	Prov:	_____
Postal Code:	_____	Program:	_____
Campus:	_____	Year of Program:	1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐
Phone #:	_____		

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Are you a child/ward of a PMA member (Chief Administrative Officers, Town (City) Clerks, Town (City) Managers or other positions)?

Name of the PMA Member: _____ Relationship: _____

Location: _____ PMA Position: _____

Permanent mailing address of the PMA member:

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, video, name, program and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and CNA Foundation are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Name: Print or Sign _____

Date _____