



2010 TD ABORIGINAL NURSING SCHOLARSHIP AT THE DOCTORAL LEVEL
APPLICATION FORM

(Charitable Registration Number 12987 0713 RR0001)

DEADLINE FOR SUBMISSION: March 31, 2010

Application must be completed in full and printed out for your signature. Incomplete forms will not be accepted. Applications completed by hand will not be accepted unless there are extenuating circumstances which must be explained before the deadline. No faxes accepted. No e-mailed forms accepted. All information will be kept confidential.

*Mandatory fields

I. PERSONAL & CONTACT INFORMATION. It is your responsibility to provide CNF with any change.

FIRST NAME*	MIDDLE NAME	LAST NAME*
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Address while in School:

STREET ADDRESS*		
CITY*	PROVINCE/TERRITORY*	POSTAL CODE*
HOME PHONE NUMBER*	OFFICE PHONE NUMBER*	EMAIL ADDRESS*

Permanent/Home Mailing address: Same as above

STREET ADDRESS*		
CITY*	PROVINCE/TERRITORY*	POSTAL CODE*
HOME PHONE NUMBER*	OFFICE PHONE NUMBER*	ALTERNATIVE EMAIL ADDRESS*

Mailing address you would like us to use: School Home

CITIZENSHIP: Canadian citizen Eligible for Canadian citizenship

S.I.N.*

II. PAYMENT*

Application Fee	\$ 35.00	Method of payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Master Cad
Donation to CNF	\$ <input type="text"/>	
Total	\$ <input type="text"/>	
Credit card number:	<input type="text"/>	
Expiry date (MM/YY)	<input type="text"/> / <input type="text"/>	
Name as it appears on the credit card:	<input type="text"/>	



2010 TD ABORIGINAL NURSING SCHOLARSHIP AT THE DOCTORAL LEVEL
APPENDIX “A” – EDUCATION

I. PERSONAL INFORMATION

FIRST NAME*	MIDDLE NAME	LAST NAME*
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II. PROGRAM OF STUDY*

Name of institution: _____

Admission confirmed: Yes No Is this your last year in this program: Yes No
 Is this a degree in nursing: Yes No What are the requirements of your proposed program?
 Dissertation
 Clinical/Practical Internship
 Other, please specify: _____

Length of program (in years): 1 2 3 4 5 6 What year of study are you entering? (year scholarship award will be applied to)
 1 2 3 4 5 6

Start date this academic year (DD/MM/YY): _____ Finish date for this academic year (DD/MM/YY): _____ Year you will complete your program: _____

Do you have a specific area of interest? If so, please specify (please do not exceed the space provided):

Do you hold a current CNA certification in your specialty? Yes No

III. GRADE POINT AVERAGE (for CNF use only)

Most recent grade average is _____ Out of a possible _____

IV. CURRICULUM

Register and submit a CIHR Common CV with attachments as identified in the following link:
<http://www.ccv-cvc.ca/pls/c3/c3.startup?pLANGUAGE=1>
No other CV or resume should be submitted. Applications without the common CV will be disqualified. Technical assistance is available at the common CV site. Please do not call CNF about common CV problems.

V. REFERENCES*. Please note that references from family members or friends will not be accepted and may lead to disqualification.

	Name	Position	Telephone	E-mail
1				
2				
3				

DECLARATION AND CONSENT. Sign and date the bottom of this form.

I understand that the CNF Scholarship Application fee is not refundable.

My signature below verifies that I have read and understand the application requirements. I understand that until I submit the supporting documents described in the checklist, my application form is incomplete and that incomplete applications are not sent for review and no award is possible.

I have submitted complete and true information on this form and I understand that failure to do so may prevent my receiving assistance now or in the future. If any of the information provided should change, I understand that it is my responsibility to advise the Canadian Nurses Foundation immediately.

I hereby give consent that CNF is authorized to release my contact information to CNF's donors (including name, telephone number, email and mailing address), so that they may contact me personally.

I understand that **if** I am selected to receive the award, within two weeks of notification I must:

- Proof of eligibility for the award if requested;
- Send a picture of myself in jpeg format (for publication purposes);
- Send a short biography of no more than 150 words (for publication purposes).

I hereby give consent to CNF to use/publish my name, photo, and relevant information on CNF's website, brochures, magazine, for promotion, marketing, advertising, or in their donor communications.

Applicant's Signature

Date

Please mail your form to:

Canadian Nurses Foundation
RE: 2010 TD Aboriginal Nursing Scholarship - PhD level
50 Driveway St., Ottawa, ON K2P 1E2