



**Canadian Nurses Foundation**  
**Fondation des infirmières et infirmiers du Canada**

**PROGRESS REPORT**

Please forward this completed report and a letter from your Supervisor or Program Director, attesting to your progress. All sections are mandatory.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

University: \_\_\_\_\_

1. Indicate level and year of study:

Baccalaureate                       Masters                       Doctoral

Year 1     Year 2     Year 3     Year 4   

Full-Time                       Part-Time

2. In accordance with the signed CNF terms and conditions of agreement, please indicate any other awards, scholarships or bursaries you have accepted/ received to date: (name and amount)

\_\_\_\_\_  
\_\_\_\_\_

3. Do you anticipate any changes to your plan of study/research:

No/Yes

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide a summary of your studies/accomplishments to date including any recent presentations or publications:

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5. How did you hear of the CNF Awards program?

Academic institution \_\_\_\_\_ Professional association \_\_\_\_\_

Friend/colleague \_\_\_\_\_ internet (specify) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

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\_\_\_\_\_ DD/ MM/ YR

Signature

Date

Thank you for your assistance in completing the Awards Agreement

Any additional comments are welcome

**Canadian Nurses Foundation, 50 Driveway, Ottawa, ON, K2P 1E2**

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[www.cnf-fiic.ca](http://www.cnf-fiic.ca)