



Canadian Nurses Foundation
Fondation des infirmières et infirmiers du Canada

FINAL REPORT

Please forward this completed report and a copy of your final university transcript. A summary of your dissertation, major paper or research report should also be sent to CNF if applicable. All sections are mandatory. This report is available on line.

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. Expected date of completion of dissertation or research, if applicable:

3. Expected date of graduation:

4. Please provide a summary of your studies/accomplishments to date and include any abstracts of work presented or publications:

5. Please provide a brief description of your career plans and how your studies will contribute to achieving your professional goals:

6. How do you feel CNF awards program benefits Canadian nurses (other than through tuition and expense coverage)?

___DD/___MM/____YR

Signature

Date

Thank you for your assistance in completing the Awards Agreement

Any additional comments are welcome

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