

POST SECONDARY EDUCATION OTHER THAN NURSING

See Application Guidelines P. 6

Degree/Diploma/Certificate	Institution/Location	Date Completed
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PROFESSIONAL NURSING EXPERIENCE

See Application Guidelines P. 6

Date (from-to)	Position	Employer
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Date (from-to)	Position	Employer
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Date (from-to)	Position	Employer
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Date (from-to)	Position	Employer
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PROGRAM INFORMATION

See Application Guidelines P. 7

 Clinical Course For Which Bursary is Requested

 Institution

 Address

 Duration of Clinical Course

 Commencement Date

 Anticipated Date of Completion

For the 2017- 2018 academic year I will be registered:

Full time

Part time

Credit hours per year

Credit hours per semester

EMPLOYER REFERENCE

See Application Guidelines P. 7

Name

Organization

Address

EDUCATION PROGRAM REFERENCE

See Application Guidelines P. 7

Name

Institution

Address

GENERAL REFERENCE

See Application Guidelines P.8

Name

Organization

Address

PARTICIPATION IN PROFESSIONAL NURSING AND VOLUNTEER ACTIVITIES

See Application Guidelines P. 8 &9

On a separate page, please submit a page that specifically indicates:

1. Your participation in professional nursing activities.
2. Your participation in volunteer health related community service.
3. Indicate if these activities are work related or not.
4. Indicate if these activities are health related or not. If they are health related, please elaborate on how they are .
5. Indicate if these activities are local, provincial or national..

Professional Goals

See Application Guidelines P. 9

On a separate page, please submit a written statement that specifically:

1. Describes your future long and short term goals.
2. Describes your proposed contribution to the nursing profession in Saskatchewan.
3. Indicates how this educational program will relate to your future career goals
4. Indicates how this educational program will effect your contribution to the nursing profession in Saskatchewan.
5. Indicates how you believe this program will contribute to society, nursing and health as well as yourself.

The Saskatchewan Nurses Foundation administers the Saskatchewan Operating Room Nurses Group (SORNG) Memorial Bursary. If you are applying for this bursary, please indicate this and submit a written statement indicating how you meet the criteria specific to this bursary.

I am applying for the SORNG Memorial Bursary

Date

Signature