



Image Field

2017 Saskatchewan Nurses Foundation Bursary Application for Degree Level Program

APPLICATION DEADLINE: September 30, 2017 (Postmarked on or before) We strongly suggest you use the Application Guidelines to complete this form

GENERAL INFORMATION

See Application Guidelines P. 6

Last Name First Name Initial

Street Address

City Province Postal Code

Home phone number Work phone number

Email address

I am currently registered in Saskatchewan Yes No _____
SRNA Registration Number

Please note: If you are not currently registered in Saskatchewan, you are not eligible for funding

NURSING EDUCATION

See Application Guidelines P. 6

Degree/Diploma/Certificate Institution/Location Date Completed

Degree/Diploma/Certificate Institution/Location Date Completed

Degree/Diploma/Certificate Institution/Location Date Completed

Degree/Diploma/Certificate Institution/Location Date Completed

POST SECONDARY EDUCATION OTHER THAN NURSING

See Application Guidelines P. 6

Degree/Diploma/Certificate	Institution/Location	Date Completed
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Degree/Diploma/Certificate	Institution/Location	Date Completed
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Degree/Diploma/Certificate	Institution/Location	Date Completed
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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. 6

Education Program For Which Bursary is Requested

Institution

Address

Duration of Program

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

Submitted with application

Submitted directly by referee

EDUCATION PROGRAM REFERENCE

See Application Guidelines P. 7

Name

Institution

Address

Submitted with application

Submitted directly by referee

GENERAL REFERENCE

See Application Guidelines P. 7

Name

Organization

Address

Submitted with application

Submitted directly by referee

PARTICIPATION IN PROFESSIONAL NURSING AND VOLUNTEER ACTIVITIES

See Application Guidelines P. 8

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. 8

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.

Answering the following question is optional. However, some bursaries are specifically targeted to nurses of Aboriginal ancestry so answering this question would ensure that you are considered for these bursaries.

I am : First Nations Metis Inuit

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