



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

**2010 BACCALAUREATE SCHOLARSHIP APPLICATION FORM**

(Charitable Registration Number 12987 0713 RR0001)

**DEADLINE FOR SUBMISSION:** March 31, 2010

Application must be completed in full on computer 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.

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

FIRST NAME\*

MIDDLE NAME

LAST NAME\*

STREET ADDRESS\*

CITY\*

PROVINCE/TERRITORY\*

POSTAL CODE\*

HOME PHONE NUMBER\*

OFFICE PHONE NUMBER

EXTENSION

E-MAIL ADDRESS\*

SIN

CANADIAN CITIZENSHIP?\*

YES

NO

If other, please specify:

**II. LEVEL OF STUDY\***

I will be entering at least year 2 of a baccalaureate nursing program by September 2010.

I have been accepted into any year of a post RN program.

### III. PAYMENT\*

Application Fee \$ 35.00

Donation to CNF \$

**TOTAL** \$

CHEQUE

VISA

MASTERCARD

Card Number

Expiry date (MM/YY)

Name as it appears on the credit card

### IV. STATEMENT OF UNDERSTANDING. Sign and date the bottom of this form.

I understand that the CNF Scholarship Application fee is not re-fundable.

I have read the entire application form. 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 understand that if I am selected to receive the award, within 2 weeks of notification I must provide:

- Proof of eligibility for a specific award if requested;
- A picture of myself in jpeg format;
- A short biography of no more than 150 words.

I authorize the Canadian Nurses Foundation to use my name for any publicity regarding the recipients.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please mail your form to:

Canadian Nurses Foundation  
RE: Baccalaureate Scholarship 2010  
50 Driveway St., Ottawa, ON K2P 1E2