



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

**2008 DOCTORAL SCHOLARSHIP APPLICATION FORM**  
(Charitable Registration Number 12987 0713 RR0001)

**DEADLINE FOR SUBMISSION:** March 31, 2008

Application must be completed in full in computer and printed out for your signature. Incomplete forms will not be accepted. Applications filled-in 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\***

Combined program

Full-time Length of total program:

Part-time Number of courses/credits to be taken each semester:

Number of courses needed to complete the 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. AWARD\*** From attachment "C", please select 2 (two) Scholarships that you are most interested in.

Option 1:

In 100 words maximum, please describe why you think you qualify for this award.

Option 2:

In 100 words maximum, please describe why you think you qualify for this award.

**V. 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, I must:

- Provide copy of SIN number for the T4-Form which will be sent to you at the end of the year;
- Proof of eligibility for a specific award if requested;
- Send a picture of myself in jpeg format;
- Send a short biography of no more than 150 words.

Within 2 weeks of notification, and I also authorize the Canadian Nurses Foundation to make use of my name for any publication regarding the recipients.

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

\_\_\_\_\_  
Date

Please mail your form to:

Canadian Nurses Foundation  
RE: DOCTORAL Scholarship 2008  
50 Driveway St., Ottawa, ON K2P 1E2