

2011/2012 de Souza Scholarship Application Form

First Name	Last Name	Date of Birth (DD/MM/YYYY)
Citizenship (only Canadian Citizen or Permanent Resident are eligible to apply) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		
Social Insurance Number:		
Home Address Street _____ City _____ Postal Code _____ Phone # _____	Employer's Name _____ <input type="checkbox"/> not applicable / full time student	
Home Email	Work Email	School Email
Mailing Address <input type="checkbox"/> same as home address <input type="checkbox"/> other address, please specify Street _____ City _____ Postal Code _____		
Please indicate which of the following types of graduate programs you are enrolled in or accepted for (please attach proof of enrolment or letter of acceptance, and official transcript – see details in guideline): <input type="checkbox"/> MN <input type="checkbox"/> MSc <input type="checkbox"/> MHSc <input type="checkbox"/> MEd <input type="checkbox"/> PhD <input type="checkbox"/> Other _____		
Graduate program start date (MM/YY): _____ Expected graduation date (MM/YY): _____		
Faculty or School:		
University:		
Nursing Education Background (Indicate all degrees obtained): <input type="checkbox"/> RN (degree) <input type="checkbox"/> RN extended class <input type="checkbox"/> APN <input type="checkbox"/> Uo@!Á		
College of Nurses of Ontario Registration Number:		
Specialty Certification (indicate all specialty certification obtained)" <input type="checkbox"/> CNA oncology specialty <input type="checkbox"/> CNA hospice palliative Care specialty <input type="checkbox"/> ONCC pediatric hematology specialty <input type="checkbox"/> Other specialty certificate _____ <input type="checkbox"/> None		
I confirm that I have NOT received or will be receiving a graduate bursary, scholarship or fellowship support in excess of \$10,000 in total from any other funding sources, during this award funding period from January 2012 to December 2012. I also confirm that the information provided in the application is complete and accurate. The provision of false information may result in the termination of funding & disentitlement from eligibility for future funding.		
Signature _____	Print Name _____	Date _____

Note: Nurses who expect to graduate before December 2012 are NOT eligible for the scholarship award.

Deadline for Application November 18, 2011