

Graduate Nursing Scholarship

NOTE: THIS IS NOT AN APPLICATION FORM

You can apply for all Graduate Nursing Scholarships (Trust Graduate Nursing, Marcella Linehan, ARNNL 50th Anniversary, Bay St. George Chapter Scholarship, Violet Ruelokke, and NL Nurses Respiratory Society Legacy Scholarship) on one application form.

You will be required to provide the following information on your scholarship application:

A. Application Information

- Indicate which scholarship(s) you are applying for. Your application will only be considered for those scholarships for which you meet ***all of the criteria***.

B. Personal Information

- Contact Information (Name, Address, Phone, E-mail)
- ARNNL Registration Number ***REQUIRED**
- Social Insurance Number (required for [income tax purposes](#))
- Length of time living in NL
- Do you reside in the Bay St. George area? (criteria for Bay St. George scholarship)
- Are you a graduate of the General Hospital School of Nursing? (criteria for Marcella Linehan Scholarship).
- Are you pursuing studies related to respiratory health or does your practice area include respiratory health? (criteria for NLNRS Legacy Scholarship)
- Are you enrolled in a MN-NP program (criteria for Violet Ruelokke Award)
- Previous Trust scholarships or bursaries and year received

C. Current Program Information

- School of Nursing, Program (MN, PhD), Program Year and Enrolment Status (Full-time or Part-Time)
- Number of courses: (i) completed, (ii) to be completed, and (iii) currently enrolled.
- Dissertation/Clinical Project (if applicable)
 - Phase (e.g., proposal, data collection, report writing, etc.)
 - Estimated timeframe for completion
 - Dissertation/Project Title

D. Education

- Post basic education – including degree programs and diploma/certificate programs and the year completed (4 most recent).

E. Work Experience

The committee uses this section to evaluate your level of interest/industry in a particular area of nursing. It is not intended to be a complete work history.

- Employer, Position, Area of Responsibility, and Date of Employment (4 most recent)

F. Extracurricular Activities

The committee uses this section to evaluate your actual or potential contribution to nursing

- Are you a member of a nursing special interest group?
- Work related committees – organization, position and dates (4 most recent)
- Community/other committees – organization, position and dates (4 most recent)

G. Achievements

- Post-secondary awards/honors (academic or community) and year received (4 most recent)

H. Financial Assistance

- Scholarships, bursaries or grants received for *current academic year*
Type of assistance, funding source and amount

I. Personal Statement

- Statement that addresses your commitment to nursing (maximum **500** words). If you are applying for the NLNRS Legacy Scholarship or Violet Ruelokke Award, your personal statement **must** address your commitment to respiratory nursing or primary health care respectively.

J. Reference (1)

- One reference from a **nursing faculty member in your current program**.
You must provide the name and employment information (employer, position) of your referee.

Supporting Documentation Requirements

You will be required to provide the Awards Committee with the following documentation to support your scholarship application. Supporting documentation **MUST** be received by the application deadline for your application to be considered complete. Incomplete applications **WILL NOT** be reviewed by the Awards Committee.

- Proof of current enrolment in the Graduate Nursing Program**

An **official letter** from your school of nursing or school of graduate studies that (i) specifies the graduate program, (ii) confirms you are *currently enrolled*, and (iii) verifies your *enrolment status* (full-time or part-time). Letters of *acceptance* into the program that do not verify you are currently enrolled cannot be used for this purpose.

- Official Transcript (2)**

An **official transcript** of grades from (i) your current program **and** (ii) your previous nursing degree program (BN for MN applicants and MN for PhD applicants). Scanned, photocopied or faxed copies of transcripts **will not** be accepted.

- Reference (1)**

One reference from a **nursing faculty member** from your current program who can indicate your academic ability and potential for contributions to nursing. A reference from your thesis/clinical project supervisor is preferred (if applicable). If you are unable to provide a reference from a faculty member in your current program, you may use someone from your most recently completed program (e.g., BN or MN). Reference forms are available on the Trust website.

References from nursing colleagues **WILL NOT** be accepted.

You **MUST** provide the referee with your [ARNNL Registration Number](#) and email address. They are required to successfully submit the online reference form.

- Verification of your Trust membership (non-practicing members ONLY)**

If you have a *non-practicing membership* with ARNNL you will need to provide a copy of your registration receipt showing that you paid for Trust membership.