



Phone (416) 426-7127

E-mail reg.rnfoo@firststageinc.com

(To load information you've entered on your last visit, type in your home phone number, then click 'Recall')

(* required fields)

Home Phone:	Area Code	Phone		
	<input type="text"/>	<input type="text"/>		
E-mail: *	<input type="text"/>			
	<input type="button" value="Recall"/>			
Applicant Name: *	Title	First Name	Middle	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	<input type="text"/>			
City:	<input type="text"/>			
Province/State:	<input type="text" value="Ontario"/>			
Postal Code/Zip Code:	<input type="text"/>			
Country:	<input type="text" value="CANADA"/>			
Business Name:	<input type="text"/>			
Job Title	<input type="text"/>			
Business Address:	<input type="text"/>			
Line 2:	<input type="text"/>			
City:	<input type="text"/>			
Province/State:	<input type="text" value="Ontario"/>			
Postal Code/Zip Code:	<input type="text"/>			
Country:	<input type="text" value="CANADA"/>			
Business Phone:	Area Code	Phone	Extension	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fax:	Area Code	Fax		
	<input type="text"/>	<input type="text"/>		
Mobile/Cell:	Area Code	Phone		

Please provide your full maiden name.

Transcripts may have been issued in this name.

Which mailing address would you like used? *

WORK

HOME (the home address above, must be complete.)

How did you learn about the RNFOO awards? *

If other, please specify.

Please list your Academic Credentials.

RN, B.ScN, etc

Please enter your RNAO Member number. (if applicable)

Please choose the RNFOO administration fee payment, if an RNAO Member the fee is \$20.00 (membership # to be supplied) and for a Non Member the fee is \$30.00.* *

20.00

30.00

Please list your RNAO Interest Groups Membership (if applicable)

A. PROGRAM INFORMATION

What is your program of studies? *

What type of program are you attending. *

Undergraduate Degree 4yr BScN

Undergraduate Degree Post-RN BScN

Undergraduate Degree RPN to BScN

Graduate Degree Masters

- Graduate Degree PhD
- Certification/Certificate Program

What year did you start your program? *

What year do you anticipate, completing your program? *

Name of the Institution where you are a Student *

What is your student status? *

-
- Full Time
- Part Time

What is the major focus of your clinical and/or professional nursing practice? *

B. AWARD / SCHOLARSHIP

Please check the AWARD(s) or SCHOLARSHIP(s) for which you are applying.

RNFOO-RESEARCH

- Prenatal & Parenthood Education Services Award \$3,000
- Provincial Nurse Educators Interest Group (PNEIG) Research Award \$5,000

RNFOO-CONTINUING EDUCATION

- Miriam Bracken Award \$500

RNFOO-BACCALAUREATE LEVEL-BASIC

- Elsevier Canada Book Award \$500 Gift Certificate
- Lippincott Williams and Wilkins Book Award \$250 Gift Certificate
- Jennifer Award \$3,000
- Margaret Avery Memorial Scholarship \$2,000
- The donnerwheeler Nursing Career Scholarship \$5,000
- The RNFOO Undergraduate Scholarship \$2,000

RNFOO-BACCALAUREATE LEVEL-POST DIPLOMA

- Regina Borowska Scholarship \$1,000
- RNFOO Gala Scholarship \$2,000
- Mary Brunning Harkin Scholarship \$1,500

RNFOO-GRADUATE

- Kathleen Howe Mitchell Scholarship \$4,000**
- B. Eileen Kirkpatrick Memorial Scholarship \$2,000**
- Prenatal & Parenthood Education Services Award \$2,000**
- RNFOO Gala Scholarship \$2,000**

INTEREST GROUP-CONTINUING EDUCATION

- Ernie `Aieh` Jacobs Memorial Award – Diabetes Nursing Interest Group (DNIG) \$2,000**

INTEREST GROUP-UNDERGRADUATE

- Childbirth Nurses Interest Group (CNIG) Scholarship \$1,000**

INTEREST GROUP-BACCALAUREATE LEVEL- POST RN

- Childbirth Nurses Interest Group (CNIG) Scholarship \$1,000**
- Mary Ann Murphy Memorial Diabetes Award (DNIG) \$1,000**
- Margaret Myers Diabetes Clinical Practice Award (DNIG) \$1,000**
- Dr. Hildegarde E. Peplau Award – Mental Health Nursing Interest Group (MHNIG) \$1,000**
- Provincial Nurse Educators Interest Group (PNEIG) Award \$1,500**

ALL EDUCATION LEVELS


- The Dorothy Ferguson Scholarship \$2,000**
- Julie Hall Scholarship for Neuroscience Nursing \$1,000**
- Ontario Association of Rehabilitation Nurses Award (OARN) Donna Kettyle Award \$1,000**
- Ontario Nursing Informatics Group (ONIG) Scholarship \$1,000**
- The Evelyn Cameron Memorial Bursary \$1,000**
- The Saint Elizabeth Health Care Community Nursing Scholarship \$2,500**
- Dr. Sheela Basrur and GE Oncology Nursing Education Scholarship \$5,000**

C(i). CAREER GOALS

see instructions below

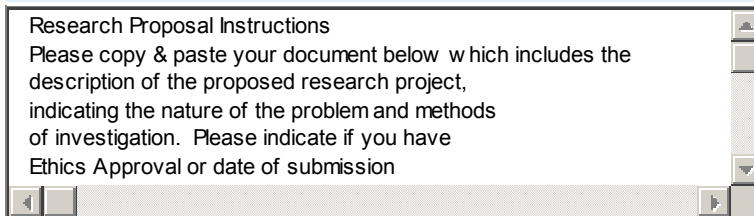
Career Goal Instructions
 Please copy & paste your document below which includes the description of your current learning objectives and long-term career goals; your contributions (previous or potential) to the advancement of nursing practice and the promotion of quality care.

Please Copy & Paste Career Goals here *
 500 WORDS MAX - Only first 500 words will be reviewed.

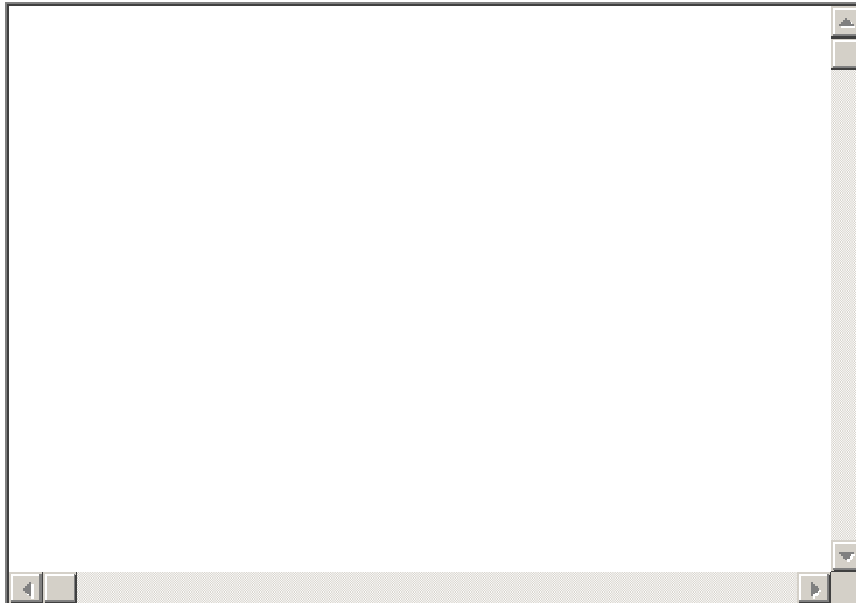
A large, empty rectangular text box with a thin black border and a light gray background. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small arrowheads.

C(ii). Research Proposal

see instructions below

A smaller rectangular text box with a thin black border and a light gray background. It contains the following text: "Research Proposal Instructions", "Please copy & paste your document below which includes the description of the proposed research project, indicating the nature of the problem and methods of investigation. Please indicate if you have Ethics Approval or date of submission". It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

If you are applying for a Research Award place Research Proposal here.

A large, empty rectangular text box with a thin black border and a light gray background. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small arrowheads.

C(iii). Resume or CV

Please copy & paste your current resume or CV, no more than 2 pages will be considered. Font MUST be Times New Roman 12.*

(Important to refer to Guidelines outlined on the RNFOO website.)

Please copy & paste below a list of publications and /or completed research in the last five years. (IF APPLICABLE)

Please provide a very brief description/biography (max of 100 words) that maybe used on RNFOO website and in the Gala Program. *
max 100 words. Please use 3rd person when writing.

D. REFERENCES

Reference Instructions

Provide two references from individuals who can evaluate your commitment to the nursing profession, leadership potential, scholarship/academic potential and contributions (previous or potential) to the profession. One referee must be an academic reference which may include faculty or a peer.

Please advise your Referees to review guidelines for reference letters found on RNFOO website www.rnfoo.org
Also, remind referees that all completed letters of reference must be emailed as an attachment directly to reference@rnfoo.org. These letters must be received by the deadline.

Reference # 1 contact: NAME *

Full Name

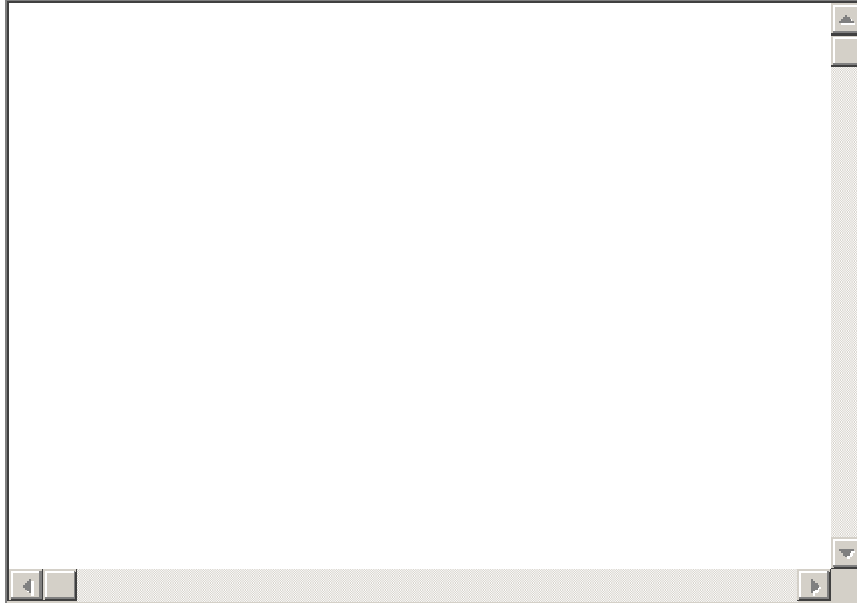
Reference # 1 contact: E-MAIL *

E-mail

Reference # 1 contact: Phone number *

Phone # with area code

RNFOO Administrator please copy & paste reference letter here



Reference # 2 contact: NAME *

Full Name

Reference # 2 contact: E-mail *

e-mail

Reference # 2 contact: Phone number *

Phone # with area code

RNFOO Administrator please copy & paste reference letter # 2 here

Please indicate if you have submitted an application in the past. *

YES

NO

Which years (if applicable)

Please indicate if you have been the recipient of an RNFOO award or scholarship in the past?

Which Award(s) or Scholarship. (if applicable)

Please identify if you have applied for or received funding from any other sources. *

Yes

No

If YES please list.

Components to Complete Application

By the application deadline date of Feb. 13, 2009, in addition to submitting this electronic form you agree to either submit by mail or arrange for RNFOO to receive the following FOUR items, no later then Feb. 27, 2009, 4pm EST.

1. Proof of unconditional acceptance/enrolment from the university/college (must be a letter from the Nursing Department, Registrar or Admissions Department)



YES

2. Most recent official university/college transcripts on or before the deadline date? (must be sent directly to RNFOO mailing address from the university/college, or must be in an envelope sealed by the university/college)



YES

3. Confirmation that (2) online references have been arranged. (One referee must be an academic reference which may include faculty member, academic advisor or clinical instructor).



YES

4. A copy of RNAO and interest group membership if applicable

Please DO NOT fax.



YES



Not Applicable

E. DECLARATIONS:

Please read and indicate your acceptances in the next question.

I have read the entire application form. I certify that all information contained in the scholarship application is true and accurate. If awarded this funding, I authorize the RNFOO to release the following information to the award donor name, address, telephone number, e-mail address, year and program of study, summary of application and transcript(s). I authorize the RNFOO to include my name, city of residence and attending university/college and a summary of my professional profile in the RNFOO Newsletter and RNFOO Gala presentation and program book.

I have read the above declaration and*



Accept



Decline

This is the END of the form. You may wish to print a copy of this form for your records before selecting next. (Use your printer button on your browser)

Please review your input before selecting the next button and completing your submission.
