



**NOVA SCOTIA GERONTOLOGICAL NURSES ASSOCIATION
SCHOLARSHIP APPLICATION FORM**

A. GENERAL INFORMATION

Applicant: _____

Address: _____

Phone: (H) _____ (W) _____

E-Mail: _____

B. NURSING ASSOCIATION MEMBERSHIP

NSGNA Member since: _____

Have you previously applied for a scholarship? NO YES: _____
Year (s)

Have you previously received a NSGNA scholarship? NO YES: _____
Year (s)

Have you received other monies from NSGNA (travel, certification, etc)?
 NO YES: _____
Year (s)

C. PROGRAM OF STUDY

Program of study: _____

Degree/Diploma anticipated: _____

Year of study: _____ Program Length: _____ Part-time Full-time

Acceptance letter enclosed: Yes Expected date of completion: _____

Briefly describe how your program of study relates to gerontological nursing and how it affects your current practice: _____

D. PROFESSIONAL MEMBERSHIPS

Please list:

Professional membership(s)	Dates	Position(s) held
_____	-	_____
_____	-	_____
_____	-	_____

E. OTHER MEMBERSHIPS

Non-professional membership(s)	Dates	Position(s) held
_____	-	_____
_____	-	_____

F. VOLUNTEER/COMMUNITY ACTIVITIES

Activities	Dates	Position(s) held
_____	-	_____
_____	-	_____
_____	-	_____

G. AWARDS, HONOURS, GRANTS (within the last 2 years)

<u>Honours, Awards &/or Grants</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

H. PUBLICATIONS

Please list all professional publications to date, or in press (please use APA format):

I. PRESENTATIONS (Relevant to Gerontology)

Please list all professional nursing presentations that you have made:

<u>Date</u>	<u>Audience</u>	<u>Topic</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. EDUCATIONAL BACKGROUND

Please list educational institutions, in sequence, starting with the most recent:

Institution & Location	Date Completed	Certification Diploma or Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. PROFESSIONAL EXPERIENCE

Please list positions held, in sequence, starting with the most recent position first:

Institution & Location	Position(s)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Committee Use Only

Current Consecutive NSGNA Member # of Years _____

Previous Scholarship YES

Other Monies YES

Acceptance Letter YES

Relates to gerontological Nursing YES

Professional/Other Membership(s) YES

Volunteer/ Community Actives YES

Awards, Honours, Grants YES

Publications YES

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____