

**SickKids Award for Indigenous Nursing Students**  
**Application Form**

Instructions:

- Review all award information and criteria by visiting the awards [website](#) before filling out this form.
- Due to the competitive nature of the award, late and incomplete applications will not be accepted.
- Applications that are missing supporting documentation will not be considered.
- Complete applications and all documentation must be submitted to [Olayinka Sanusi](#), Program Coordinator, Learning Institute by no later than **Friday, March 29<sup>th</sup> at 11:59 pm.**

Personal Information:

**First Name:**

**Last Name:**

**Preferred Name:**

**Phone Number:**

**Email Address:**

**Complete Mailing Address:**

**Pronouns:**  He/Him  
 She/Her  
 They/Them  
 Ze/Zir  
 Other:

**Paediatric Experience:**

Education:

**Nursing Program:**

**Academic Institution:**

**Expected Graduation Date:**

**School and community activities, honours, office held, etc.:**

**Final Year Placement at SickKids:**  Fall 2024  
 Winter 2025  
 Spring 2025

I understand and accept the criteria and conditions of this bursary. I confirm the details submitted within this application are true and accurate. By submitting this application, I consent to SickKids' collecting and using my personal information to process my application. I acknowledge my personal information will not be shared/used in any other way except to process this application.

I have included the following required documents with my application:

- Letter of Intent
- Resumé/CV
- Academic Reference Letter
- Official Transcripts

**Applicant's Signature:**

**Date:**