

SickKids Nursing Student Awards Scoring Card

Applicant: _____ **Pronouns:** _____ **Reviewer:** _____ **Date:** _____

Award: Award for Indigenous Nursing Students Award for Black Nursing Students

Applicant met the minimum criteria as outlined in the application eligibility:

- In their final year as an undergraduate student in a recognized nursing baccalaureate program in Ontario
- Intends to register with the College of Nurses of Ontario as a Registered Nurse upon graduation

- All documents were submitted on time:**
- Yes No
 - Completed & Signed Application
 - Reference Letter
 - Letter of Intent
 - Resumé/CV
 - Official Transcripts

Average in last year of studies: [Click or tap here to enter text.](#)

Please use the following scale to rate each criterion:

Weak: 1-2

Moderate: 3-4

Strong: 5-6

Excellent: 7-8

Outstanding: 9-10

Section	Rating	Section Score
Letter regarding student's interests and commitments to paediatric acute care nursing at SickKids.		
• Articulates career goals	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/30
• Expresses interest in paediatric acute care nursing at SickKids	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
• Shares their meaning of one or more of the following terms: justice, equity, diversity, inclusion, belonging, and sovereignty	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Letter from referee supporting application.		
• Validates applicant's potential to contribute to the nursing profession	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/30
• Identifies examples that speak to applicant's character	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
• Fits with student's self-description	1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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Demonstrates characteristics and abilities or evidence in:											
• Critical thinking and reflective practice	1	2	3	4	5	6	7	8	9	10	/40
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Child and family-centred care	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Strengths-based nursing	1	2	3	4	5	6	7	8	9	10	/100
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Perseverance and determination	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Score:										/100	

Comments: