

SickKids Award for Black Nursing Students Application Form

Instructions:

- Review all award information and criteria by visiting the awards [website](#) before filling out this form.
- Incomplete and/or illegible applications will not be accepted.
- Applications that are missing supporting documentation will not be considered.
- Complete applications and all documentation must be submitted to [Saima Navsariwala](#), Administrative Coordinator, Learning Institute by no later than **Thursday, May 4th at 11:59 pm**.
- Due to the competitive nature of the award, applications received after the deadline will not be considered.

Personal Information:

First Name: [Click or tap here to enter text.](#)

Last Name: [Click or tap here to enter text.](#)

Preferred Name: [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

Complete Mailing Address: [Click or tap here to enter text.](#)

- Pronouns:**
- They/Them
 - She/Her
 - He/Him
 - Ze/Zir
 - Fill in your own: [Click or tap here to enter text.](#)

Paediatric Experience: [Click or tap here to enter text.](#)

Education:

Nursing Program: [Click or tap here to enter text.](#)

Institution: [Click or tap here to enter text.](#)

Expected Graduation Date: [Click or tap here to enter text.](#)

School and Community: [Click or tap here to enter text.](#)

- Final Year Placement at SickKids:**
- Fall 2023
 - Winter 2024
 - Spring 2024

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:
