

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 Maggie Stevanovic, Administrative Coordinator at maggie.stevanovic@sickkids.ca no later than **March 26th, 2026 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 Activities, honours, office held etc: [Click or tap here to enter text.](#)

Final Year Placement at SickKids:

- Fall 2026
- Winter 2027
- Spring 2027

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:
