

## **SickKids Award for Indigenous Nursing Students**

## **Application Form**

## **Instructions:**

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