



**SASKATCHEWAN  
UNION OF NURSES**

**COMPLETE AND SUBMIT TO:**

ATTN: Executive Scholarship Committee  
Saskatchewan Union of Nurses  
**Email:** regina@sun-nurses.sk.ca  
**Mail:** 2330 2nd Avenue Regina, SK S4R 1A6

## **CFNU/SUN INDIGENOUS NURSING STUDENT SCHOLARSHIP APPLICATION FORM**

<b>Eligibility</b>	Enrolled in Year 3 or 4 of a registered nursing education program in Saskatchewan and self-identify as Indigenous. <b>Transcripts must be submitted with application to confirm enrollment.</b>
<b>Amount</b>	\$1,000.00
<b>Criteria</b>	Emphasis on need as opposed to academic excellence. <b>Applications must include a 500 word essay on <i>How your Indigenous Heritage will influence your role as a registered nurse</i> (page 3).</b>
<b>Deadline</b>	Applications must be submitted annually to the Regina SUN Office <b><u>by November 30th each year</u></b> . All information submitted in connection with this application will be kept confidential.
<b>Selection</b>	Final selection will be made by the Executive Committee of the Saskatchewan Union of Nurses. Preference is given to children of SUN members.

### **PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Identify classes enrolled in: \_\_\_\_\_

Main activity prior to entering nursing program: \_\_\_\_\_

Current employment (if applicable): \_\_\_\_\_

Name of parent who is a SUN member (if applicable): \_\_\_\_\_

**Please indicate how you are funding your current year of education**

**Please indicate how this scholarship would assist you with your education**

**Please indicate your career goals**

**Other information or comments that would be useful to the Executive Committee  
(eg. Involvement in community and social justice activism or volunteerism, etc.).**

**Authorization/Declaration**

I hereby certify that all information provided is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**How will your Indigenous heritage influence your role as a registered nurse? (min. 500 words)**