

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

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