

Ottawa Health Services Network Inc.
Nursing Scholarship

RECEIVED: _____

CODE: _____

OHSNI Scholarship
Bachelor of Nursing; Nurse Practitioner

Name: _____

Address: _____

_____ Postal
Code: _____

Phone: (Work) _____ (Home) _____

I agree to submit transcripts of appropriate credentials from the educational institutions I attended. I am in agreement to carry on employment within one of the Baffin Hospital or its community outposts for a period equal to one year for each annual award, (full-time or part-time study). Failing to do so, I agree to refund the Scholarship in full.

I further agree to submit proof of successful completion of the selected program to Wilma Greenley – Program Manager, within three (3) months of the completion of my school year.

Signature: _____

Date: _____

Ottawa Health Services Network Inc.
Nursing Scholarship

Which program are you considering or currently enrolled in:

(Program applied for)	(Facility)
Accepted	Acceptance Pending
Full-Time Study	Part-Time Study

If part-time study - how many credits will you carry per semester? _____

University courses and grades attained to date (if applicable).

Completed to Date:	Year 1	_____	Number of Credits	_____
	Year 2	_____	Number of Credits	_____
	Year 3	_____	Number of Credits	_____

COURSE: Attach copy of transcripts of grades obtained to date, if applicable.

Have you received a Bursary or Research Award from the Government of Nunavut before?

If yes, year(s) _____

1. **EDUCATION**

Completed Education:

Diploma	_____	_____
	(School of Nursing)	Year

Other than Nursing:

Other	_____	_____
	(University)	Year

Ottawa Health Services Network Inc.
Nursing Scholarship

2. **PROFESSIONAL DATA**

List nursing employment from current service to past experience for the previous 10 years.

EMPLOYING AGENCY	POSITION/ SPECIALTY	LENGTH OF EXPERIENCE	FT	PT	CAS

3. Please record your educational/research/project endeavours for the past 12 months.

4. Have you presented at conferences or at a hospital education day program within the last 2 years?

Yes

No

If yes please state title, date and to whom presented:

Ottawa Health Services Network Inc.
Nursing Scholarship

5. List the Committee(s)/Project(s) you have been involved within the past 3 years. Please indicate with an asterisk those Committees which may be required by your position:

COMMITTEE	YEAR(S) & LENGTH OF TERM	STATUS i.e. secretary, chair, etc	# OF MTGS ATTENDED PER YEAR

6. List memberships and/or office held within the past 3 years in professional Nursing Associations and/or Health Care Organizations.

Ottawa Health Services Network Inc.
Nursing Scholarship

7. List articles published or accepted for publication within the past five years.

TITLE OF ARTICLE	PUBLISHED IN	YEAR

8. Research Participation.

NAME OF STUDY	PRINCIPAL INVESTIGATOR	CO- INVESTIGATOR	DATA COLLECTION	YEAR

