



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada
Nursing : Change, Challenge & Choice
Relève Infirmière : Développement, Défi & Décision

Saint Elizabeth Health Care Scholarship for Community Health Nursing



Introduction

The Saint Elizabeth Health Care Scholarship for Community Health Nursing will be awarded annually to one nursing student in his or her final year of nursing studies who shows a significant interest in community health nursing. Valued at \$2000, the scholarship will be awarded to the RN student who demonstrates through letters of reference and a personal statement their intention to practice as a community health nurse. The recipient of this award will also receive an all-expense paid trip to Toronto to spend a day at Saint Elizabeth Health Care that will include meeting with the President and CEO, Shirlee Sharkey.

Criteria

- The award is open to nursing students registered in a nursing school with current membership in the CNSA.
- The candidate must be a student in his or her graduating year at the time of application with an intention to enter the field of community health nursing.
- The applicant must provide two letters of reference. One should be from a professor and/or clinical instructor who can validate the information provided in the application.
- The applicant must submit an official transcript of his or her marks to date with the application.
- The candidate must successfully complete the academic year in which the application is made.
- Current members of the CNSA Board of Directors are not eligible for the award in their year of office.

Award Value

Number of Awards: 1 (one)

Award Value: \$2000

Selection of the Award

The CNSA Awards Committee will choose the recipient for the ***Saint Elizabeth Health Care Scholarship for Community Health Nursing***. The successful applicant will be notified via mail.

Fifth Avenue Court
99 Fifth Avenue, Suite 15
Ottawa, ON K1S 5K4



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Deadline

APPLICATIONS MUST BE RECEIVED BY November 10 AT 11:59 P.M.

Completed applications and supporting documents for this award must be received by the CNSA Vice President preceding the National Conference. Applications received after this date, or incomplete applications will not be considered.

Applications can be mailed to the Canadian Nursing Students' Association in Ottawa. Please ensure that all documents are placed in **ONE** envelope. **ALL** documents must be received by the date and time specified above.

Mail to: Canadian Nursing Students' Association
c/o Awards Committee
Fifth Avenue Court
99 Fifth Avenue, Suite 15
Ottawa, ON K1S 5K4

Personal Information

Name:	Address:
City/Town:	Province:
Postal Code:	Telephone:
Name of Member School:	

Alternate Contact Information (Skip if same as above)

Address:	
City/Town:	Province:
Postal Code:	Telephone:

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Please attach:

- **A current resume including:**
 - **A list of all community health nursing student placements or experiences**
 - **All employment and extra-curricular activities**
 - **The name and description of any other previous awards or recognition received**
- **A personal statement identifying personal characteristics and leadership qualities that would make the applicant an excellent community health nurse. This summary of no more than 350 words should include a description of why the applicant has chosen to become a community health nurse and the contribution they feel they could make to the profession of home health care nursing. It should also briefly identify their vision of community health nursing and their place in it.**
- **1 (one) official transcript**
- **2 (two) letters of reference, as indicated in the criteria section.**

For more information about other CNSA awards and scholarships, please go to:

<http://www.cnsa.ca/awards>

For other inquiries regarding awards and scholarships, please contact the **CNSA Vice President** at vp@cnsa.ca or the **CNSA Officer of Education and Scholarship** at research@cnsa.ca

I, _____ agree to the terms of the Saint Elizabeth Health Care Scholarship for Community Health Nursing. I further believe all statements in my application to be truthful.

SIGNATURE: _____ DATE: _____

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www.cnsa.ca

www.aeic.ca