



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2020 Graduate Scholarship Application Form

Personal Information

Surname:

Given Name:

Mailing Address:

Phone: (w)

(h)

Email:

CNO Registration #:

RNAO Registration #:

Number of years of membership in NRIG:

Previous recipient of an NRIG scholarship award or research grant: No Yes (year)

Program Information

Degree sought:

University:

Major area(s) of clinical and research interest or specialization:

Status: Part time student

Full time student

Program start date (Month/Year):

Expected completion date (Month/Year):

Career Goals (Maximum 2 pages total)

- 1. Professional objectives/career goals (purpose for undertaking the program of study).**
- 2. Your potential contribution to nursing.**

Formatting instructions:

Use size 12, Times New Roman font, normal character spacing. Use double spacing and one inch margins on all sides throughout the document. Bibliographic references may be single spaced.

I certify that all information contained in this application is true and accurate.

Signature _____ Date:

Send completed application to: NRIG.awards@gmail.com