**Nursing Research Interest Group**

**2023 Graduate Scholarship Application Form**

**Personal Information**

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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)

Please indicate if you identify as BIPOC:

I understand that if I am awarded, I must submit a 60 second video clip describing my project for the RNAO NRIG Annual General Meeting. Yes/No

**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](mailto:NRIG.awards@gmail.com)