

APPLICATION FORM

Canadian Federation of Nurses Unions (CFNU) Student Scholarship

Eligibility Criteria

Please note: ALL criteria must be met for the application to be considered. Please check off each of the boxes below to indicate that the criteria have been met.

I am an immediate family member of the following bona fide ONA member:

Name

ONA identification number and relationship

I am a first-time nursing student enrolled in the following accredited nursing education program in Ontario in the current calendar year (please attach supporting document):

Name of nursing education program

I am an Ontario resident.

I have included with my application an essay (maximum 300 words) on the topic, "The importance of the Ontario Nurses' Association for nurses."

If I am the successful applicant, I agree to grant permission to CFNU and ONA to publish my name, picture and essay.

Deadline

Applications must be received at ONA by July 1. Thank you to all who apply. The successful applicant will be notified by ONA by mail/e-mail within one week of the decision.

Name: _____

Address: _____

City: _____ Postal Code: _____

E-Mail: _____ Phone: _____

Send your application to: Office of the President
Ontario Nurses' Association
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2

