



Application Form

CHNIG Professional Development Bursary

To Attend the 13th National Community Health Nurses of Canada Conference June 26-28, 2018, Regina, Saskatchewan

Title (circle one):	Mr.	Miss	Ms.	Mrs.	Dr.	Other:		
Last Name:	First Name:							
Street:								
City:		Province:			Postal Code:			
Phone number (with area code): Home				Work				
		Ot	her					
Email:								
Status (circle one):	Registered Nurse			Uı	Undergraduate Nursing Student			
RNAO Registration N	lumbei	:						
How long have you b	een a	member o	of CHNIG	? (includ	le dates) :		
Current Employer, ar	ea of p	oractice, p	oosition,	role:				
Have you attended th	ne CHN	IC Nation	al Confer	ence in t	the past	? (circle one)	Yes	No
If YES, provide the ye	ear(s):							
Are you presenting a	t this v	ear's cor	nference	? (circle d	one)	Yes	No	

Please provide a brief personal summary with your application (<500 words)

Criteria for the personal summary includes:

- 1. RN with a minimum two year membership in CHNIG or a student with a minimum one year membership.
- 2. Evidence of involvement (past/present) in your professional association(s) (CHNIG, RNAO, CHNC etc.).
- **3.** Please provide a paragraph outlining your professional objectives in attending the CHNC Conference.
- 4. ANTICIPATED EXPENSES: Provide an itemized list and description of anticipated expenses (i.e., mileage by car, cost of GO train/plane, meals, hotel, etc.). Winners will complete this paperwork within a month of the Conference or forfeit the bursary.

Budget Template	
ANTICIPATED EXPENSES: Provide detailed description, including itemized list, calculation and justification.	Amount
TOTAL AMOUNT	

- **5.** Strategies to share learning from the Conference with others (e.g. nursing colleagues, students, other health care professionals, etc.).
- **6.** Please add the following to your document: "I certify that all information contained in this application is true and accurate," followed by the date and your signature.
 - Please send completed applications by **Tuesday**, **April 17**th, **2018** @**11:59 p.m.** to MemberBenefits@CHNIG.org.
- 7. Applicants will be required to complete a Conditions of Acceptance form upon notification.

Please note: Preference will be given to those who have NOT BEEN previously funded or those seeking funding for the first time.