



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2019 Graduate Scholarship Application Form

Personal Information

Surname:

Given Name:

Address:

Phone:

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 SUMMARY: (please attach together with application form)

Indicate your professional objectives/career goals, reason for undertaking your program of study and your potential contribution to the profession of nursing.

Formatting instructions: Maximum of 2 pages. Use size 12, Times New Roman font, double line 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: _____