A member interest group of the Registered Nurses’ Association of Ontario (RNAO)

Email: inigrnao20@gmail.com

Website: <https://chapters-igs.rnao.ca/interestgroup/17/about>

**International Nursing Interest Group Education Bursary Award Application**

The International Nursing Interest Group (INIG) is pleased to sponsor two annual bursary awards of $1000.00 each to eligible applicants. Please submit your application for the **Nursing Education Bursary Award,** along with the required documents by email to inigrnao20@gmail.com.

**Criteria**

In order to be eligible for the nursing education bursary, one must meet all of the following criteria:

1. You must be an existing INIG member for at least 2 years.
2. The bursary money must be put towards one of the following activities:

(1) Attend or present at a national or international conference with an international**\*** nursing focus.

(2) An international \* nursing placement that is unpaidor does not provide a stipend (For example, student, volunteer, internship).

(3) A nursing course or continuing education program conducted by an accredited university or college.

c) Proof of payment and evidence of completion must be provided.

d) The successful applicants must either present at an INIG meeting or submit an article for the INIG newsletter regarding their sponsored conference/placement/course.

e) You must not have previously received an INIG education bursary within the past 5 years; or for the same conference, placement or course.

 f). Member should submit a photocopy of current RNAO/INIG membership.

**\*International refers to other countries, immigrant groups within Canada; and northern rural communities in Canada.**

**Application**

There are three components to the application: (1) The personal information form **with signature** (2) a letter of intent and (3) two letters of reference.

1. **Personal information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

CNO Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

RNAO Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Length of INIG Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Title of conference/placement/course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of conference/placement/course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(2) Letter of intent**

Please answer the following questions in 500 words:

* Describe your involvement with INIG.
* Describe the goal and objectives of the conference, international placement, or course/program.
* Please provide a copy of the program of the international conference, or objectives of the clinical placement or course, proof of payment, and proof of completion.
* Please indicate if you have received a previous INIG bursary within the past 5 yearsor are receiving any other financial support for this submission.
1. **Please provide 2 letters of reference (professional)**

**Deadline: All completed applications including supporting documents must be received electronically by midnight June 28, 2024. It is the responsibility of the applicant to ensure that the complete application is received on time. Incomplete and/or late applications will not be reviewed.**

**Please submit your application form, along with the required documents, by email to** **inigrnao20@gmail.com****.**