



APPLICATION SUMMARY FORM

Name:

NSW Nurses' Association Membership No:Date Joined:.....

Scholarship Request:.....

(proposed course, conference or study program, including the facility/venue)

Category applied for:

Amount Requested: *(provide full details on "Budget Details" form):* \$.....

**COMPLETED APPLICATIONS MUST BE IN THE HANDS
OF THE NURSES SCHOLARSHIP FOUNDATION BY
30 NOVEMBER IN THE YEAR OF APPLICATION**

ALL APPLICATIONS TO BE LEGIBLE



**Supporting the
Nurses Scholarship
Foundation**



**A Fund To Provide
Opportunities**

OFFICE USE ONLY

Date of Postage: Date of Receipt:

Nurses Scholarship Foundation Scholarship Application Form

1. Surname:..... Given Names:.....
2. Address:.....
Postcode
- Telephone No: (W) (H).....
3. Employer:.....
4. Present Employment Classification eg. RN, CNS, EN etc.....
5. Total Length of Service as a Registered Nurse or Enrolled Nurse in NSW/ACT/other:

Please attach a copy of your current 'Authorisation to Practice' (Registration)

6. Have you received a scholarship from this or any other organisation in the past three (3) years?

Yes No

If yes, please give details

7. Have you applied for financial assistance from any other source, for the purpose of this study/project/ conference?

Yes No

If yes, please give details of the organisation you applied to and when :

8. Qualifications: eg. Basic, Post Basic, Undergraduate, Postgraduate, others and where undertaken. Please attach copies of relevant documents :

Award/Title	Institution	Year Awarded

9. **Employment History** (including Dates of Appointment)

Position Held	Employer	Dates

12. BUDGET DETAILS

Name.....

Scholarship Category.....

a) Registration fees for Conference/Study tour/University for the academic year.

(Do not include student union fees):

\$.

b) Specify cost per subject/unit

(Indicate number of subjects being undertaken in the academic year):

\$.

c) Travel costs for Conference/Seminar or Clinical Placement

(Please specify and give details):

\$.

d) Accommodation costs:

(Please specify and give details):

\$.

e) Any other costs considered relevant:

\$.

TOTAL BUDGET REQUESTED

\$

In the case of a research proposal, please ensure all costs are specifically itemised.

13. REFEREES

You must forward with this application **two** written references of support.

The Referees must be in a position to comment on the applicant's capacity to undertake the proposed course or study and state what advantage the proposed course or study tour would be to;

- a) the applicant, and
- b) the nursing profession and the community.

One referee must be a senior member of the nursing profession

eg. Manager/Director of Nursing/Clinical/Academic (Lecturer)

References are attached from the following referees:

1.	Name	
	Position	
	Address	
		Postcode
	Telephone	

2.	Name	
	Position	
	Address	
		Postcode
	Telephone	

14. Applicants applying for Category A

Attach itinerary showing — details of proposed conference or seminar:

- (a) Departure date;
- (b) Hospital and/or institutions to be visited (if applicable);
- (c) Objects of visits;
- (d) Conference Program and demonstrate how attendance will be of benefit to you; and
- (e) Expected date of return to New South Wales

15. Applicants applying for Category B

Attach list showing — details of proposed study:

- (a) Course and name of University;
- (b) Proposed award and subjects to be studied;
- (c) Date of commencement of studies leading to the award and expected date of completion of academic study.

16. I am fully aware of the terms of the scholarship and undertake if successful:

- (a) To abide by the rules of the scholarship;
- (b) To complete a scholarship agreement;
- (c) To return the money or any moneys not used for the purposes of the scholarship;
- (d) To supply to the Nurses Scholarship Foundation a report within **3 months** of the completion of my course/conference/study or research program which will become the property of the Foundation to publish if it so wishes; and
- (e) To forward my University/College results at the end of the academic term.

NB: If your application is successful you will need to provide proof of enrolment/ re-enrolment or acceptance into your program, or research project approval prior to any funds being issued.

Signature of Applicant:.....

Date:.....

Please return to:

**The Secretary
Nurses Scholarship Foundation
50 O’Dea Ave
WATERLOO NSW 2017
Phone 1300 367 962
Fax (02) 9662 1414**

