

NURSES SCHOLARSHIP FOUNDATION LTD.

A LIONS CLUBS PROJECT ACN 001 818 739



APPLICATION SUMMARY FORM

Prior to completing the application form, please ensure that you have read the nurses scholarship "Information and Terms"

Name:

NSW Nurses and Midwives' Association Membership No:

Date Joined:

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

Expected commencement date

Expected completion date

Do you meet the criteria as set out in the Information and Terms for the category you are applying for? Yes No

Category applied for (A or B)

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

COMPLETED APPLICATIONS MUST BE IN THE HANDS OF THE LIONS NURSES SCHOLARSHIP FOUNDATION BY 31 OCTOBER IN THE YEAR OF APPLICATION



Supporting the Lions Nurses Scholarship Foundation

OFFICE USE ONLY

Date of Receipt:

Confirmation of Receipt:

Successful Unsuccessful



A Fund to Provide Opportunities

NURSES SCHOLARSHIP FOUNDATION



SCHOLARSHIP APPLICATION FORM

ALL APPLICATIONS TO BE LEGIBLE

1. Surname: Given Names:

2. Address:

..... Postcode

Telephone No: (W) (H)

Mobile No: Email:

3. Present 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 including awarding organisation, amount awarded, year awarded and what course or conference the scholarship was for.

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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:

.....

10. State concisely your reasons for applying for a scholarship, the nature and scope of your study project/conference attendance/course of study and its value to you in your work/career:

11. Outline how the knowledge you gain will contribute to your nursing practice and the nursing profession:

12. BUDGET DETAILS

Name of course/conference

Scholarship Category (A or B)

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 numbers 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 if relevant (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 attach 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).

1. Name

Position

Telephone

Email

2. Name

Position

Telephone

Email

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) Objectives of visits;
- (d) Conference Program and demonstrate how attendance will be of benefit to you; and
- (e) Expected date of return to NSW/ACT.

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 complete a scholarship agreement;
- (b) To return the money or any moneys not used for the purposes of the scholarship;
- (c) **Category A** – to supply to the Lions Nurses Scholarship Foundation a report within 3 months of completion of my course/conference/study or research program which will become property of the Foundation to publish if it so wishes; and
- (d) **Category B** – to forward my University/College results and written report at the end of the academic year in which the scholarship was awarded.

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.

- I confirm that the information supplied is true and accurate.
- I confirm that I have read and understood the Nurses' Scholarship Foundation Information and Terms.
- I confirm that I am an Australian citizen/permanent resident.
- I have attached two (2) written references supporting my application.
- I have attached a copy of my current 'Authorisation to Practice' (Registration).

Signature of Applicant

Date

COMPLETED APPLICATION TO BE RETURN TO:

**Administration Liaison
Lions Nurses' Scholarship Foundation
c/o NSWNMA**

**Post: 50 O'Dea Avenue
WATERLOO, NSW 2017**

Email: gensec@nswnma.asn.au

Fax: (02) 9662 1414

