



periOperative Registered Nurses of Greater Toronto

## Annual Scholarship Application

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

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

E-mail address: \_\_\_\_\_

Phone Number: (H &/or C) \_\_\_\_\_ (W) \_\_\_\_\_

**Membership and active participation in ORNGT:**

-current membership year (attended 3 out of 4 meetings) and 1 year prior to application (attended 4 out of 5 meetings) Yes

### Scholarship Program Information:

Course Title: \_\_\_\_\_

Program Title: \_\_\_\_\_

University: \_\_\_\_\_

**1. Surgical Mission:** A detailed outline of the surgical mission must be included with the application. Outline must include: Name of surgical mission, sponsoring organization of mission, length and date of mission, copies of boarding passes to and from mission, a detailed itinerary, verification of total number of surgical hours performed during mission verified by mission coordinator, summary of your role during the mission. If applicable, outline must also include identification of additional sponsorship received by applicant and/or entire mission group

**2. Research Study:** A detailed outline of the research proposal (as submitted to the REB) must be included with the application. Outline must include: Focus of research program, your role in the research program (i.e. Principal investigator, research assistant, etc), expected date of data collection, a list of projected expenses and Hospital REB approval letter.

**3. CPN(C) certification/recertification:** Year of certification/recertification eligibility is directly related to the 2<sup>nd</sup> 1/2 of the membership year. For example, in the membership year 09/10, members who have paid fees for certification/recertification for the year 2010 are eligible to apply. Proof of fee payment must accompany the scholarship application. Successful applicant will not receive funding until proof of successful certification/recertification, in the form of the certificate, must be provided.

**ELIGIBILITY REQUIREMENTS (PLEASE READ CAREFULLY)**

**THIS IS A COMPETITIVE PROCESS:**

A selection committee will review each candidate's application. Application forms must be complete by the deadline. If missing attachments, application will be considered ineligible for funding.

Please enclose:

- |  |     |                          |
|--|-----|--------------------------|
| 1) Completed application form  | Yes | <input type="checkbox"/> |
| 2) Introduction Letter (autobiographical letter stating future benefit to Perioperative Nursing & brief nursing summary – limited to 1 page)   | Yes | <input type="checkbox"/> |
| 3) Resume  | Yes | <input type="checkbox"/> |
| 4) Receipt of course fee (proof of payment) and proof of enrollment status at educational institution  | Yes | <input type="checkbox"/> |
|  | N/A | <input type="checkbox"/> |
| 5) Acknowledgement of <u>successful</u> completion or certification/recertification  | Yes | <input type="checkbox"/> |
|  | No  | <input type="checkbox"/> |
|  | N/A | <input type="checkbox"/> |
| (You may be currently enrolled in the program to apply for the scholarship but your successful grade standing must be submitted prior to receiving award. You must have paid your fees for CPN(C) certification/recertification but your successful completion, in the form of the CPN(C) certificate, must be submitted prior to receiving award) |     |                          |
| 6) Outline of Surgical Mission   | Yes | <input type="checkbox"/> |
|  | N/A | <input type="checkbox"/> |
| 7) Verification of Surgical Mission required hours   | Yes | <input type="checkbox"/> |
|  | N/A | <input type="checkbox"/> |
| 8) Outline of Research proposal  | Yes | <input type="checkbox"/> |
|  | N/A | <input type="checkbox"/> |

**APPLICATION MUST BE RECEIVED BY THE PRESIDENT OF  
O.R.N.G.T.**

**on or before MAY 15<sup>TH</sup> of each membership year**

**E-Mail application and supporting documentation to: Merritt Burstein  
(c/o ORNGT SCHOLARSHIP) [president@orngt.org](mailto:president@orngt.org)**