

APPLICATION FOR THE JESSIE YOUNG BURSARY OF C.A.N.N.

NAME: _____
(Ms, Mrs. Miss, Mr., Sir) (Surname) (First Name) (Middle Name)

ADDRESS: _____

PHONE: (Business): _____ (Home): _____

EMAIL: _____

C.A.N.N. Membership number: _____

Educational Preparation (attach CV as desired):

Employment History (attach CV as desired):

Please describe the program/course of study for which you are applying:
Provide specific details of the neuroscience nursing aspect of the program (i.e. hours of course – attach course outline).

What are your plans on completion of the study program? Please describe how the completion of this program will contribute to your future plans. (may attach one additional sheet)

Please describe how the training that you receive in this program will advance the field of neuroscience nursing. (may attach one additional sheet)

Are you applying or have you received monies from other sources of funding?

No Yes If yes, name sources and amounts received. _____

Declaration by Applicant:

To the best of my knowledge, the information provided above is accurate and truthful. If successful, I agree to write a letter to the editor for the next addition of CJNN regarding receipt of this award.

Signed: _____ **Date:** _____

Please return to: Professional Practice Portfolio Chairperson, C.A.N.N.
Email: canninfo@cann.ca

**THE JESSIE YOUNG BURSARY
PROFESSIONAL REFERENCE**

Please complete both sections I and II (typed or printed)

APPLICANT: _____

SECTION I

Rate the applicant on the following items A through I using the numeric score provided. **5 = outstanding, 4 = above average, 3 = average; 2 = below average; 1 = poor; 0 = inadequate**

- A. Interest in nursing as a career.
- B. Quality of performance in nursing
- C. Intellectual ability
- D. Emotional maturity
- E. Ability to express herself/himself orally
- F. Ability to express herself/himself in writing
- G. Ability to exchange and share ideas with others
- H. Ability to work effectively with others.
- I. Perseverance required to achieve one's goal.

SECTION II

Based on your knowledge of the applicant, describe any outstanding characteristics or limitations, which you consider of special significance. _____

How long have you known the applicant? _____ Years

In what capacity? _____

Signature: _____

Position: _____

Date: _____

Address: _____

**Please return to: Professional Practice Portfolio Chairperson, C.A.N.N.
Email: canninfo@cann.ca**