

## Criteria:

Awarded to a Nipissing University student enrolled in either the BScN program or the RPN to BScN Blended or Bridging Delivery Program who demonstrates financial need. The recipient must have excelled in their practical placements and have demonstrated a passion for the profession and an eagerness to learn. Preference will be given to second- or third-year students. The recipient must be nominated by School of Nursing Faculty members, preceptors, or placement coordinators.

## Value: \$1000

## **Application Procedure:**

1. Complete all the sections of this application. Print and sign.

Forward the completed application and supporting documentation to:

Student Awards & Financial Aid Nipissing University 100 College Drive Box 5002 North Bay, ON P1B 8L7

Fax: 705-474-5295 Email: finaid@nipissingu.ca

October 31st

## **Clifford Ironside Memorial Nursing Student Bursary**

Full Name:					
Phone #; Ext.			Email		
Degree Program	BSCN	RPN to B	SCN Bridging	RPI	N to BSCN Blended
Student Name:			Student ID:		

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School of Nursing Faculty Member Placement Coordinator

Preceptor

Describe how the above student excelled in their practical placements and has demonstrated a passion for the profession and an eagerness to learn:

The information on this form is collected under the authority of the Nipissing University Act, 1992. The University uses relevant personal information on this form to administer scholarships, bursaries, awards, loans, work study, and OSAP for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the university, donors, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information please contact the Financial Aid Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450 ext. 4297.

I certify that the information presented within this application is true and fairly represents my situation.

Signature: \_