

**REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN**

**APPLICATION  
FOR  
PSYCHIATRIC NURSING PROGRAM STUDENT YEAR III  
JOYCE P. LONG MEMORIAL BURSARY**

**NAME:**

**ADDRESS:**

(street / box no.)

(town / city)

(prov.)

(postal code)

**TELEPHONE NUMBER:**

I, \_\_\_\_\_, do hereby apply for the Joyce P. Long Memorial Bursary offered to a third year Psychiatric Nursing Program student.

I certify:

- That I have maintained a minimum cumulative grade point average of 70 percent in the Psychiatric Nursing Program. *\*Please enclose photocopies of transcripts.*
- That I am presently enrolled in the third year of the Psychiatric Nursing Program.
- That I hold a valid student membership with the Registered Psychiatric Nurses Association of Saskatchewan.
- That I have attended at least one Registered Psychiatric Nurses Association of Saskatchewan provincial or branch function prior to applying. *\*Please identify function attended, where it was held and the date (year & month) on separate sheet.*
- That the information included in this application is true and correct.

I understand that the bursary will be awarded based on criteria set by the Registered Psychiatric Nurses Association of Saskatchewan and that final selection will be made by the RPNAS Selection Committee.

Signature of Applicant

Date

1. Utilizing the clinical performance evaluation form describe how you have demonstrated leadership and proficiency in all clinical rotations, but particularly during a mental health clinical rotation of the Nursing Education Program of Saskatchewan education program ( "i.e." high motivation, enthusiasm for learning, initiative, sound clinical judgement, application of theory to clinical practise, positive attitude toward profession). *(If additional space is needed, please attach separate sheet.)*
2. Attach letter of reference from a Psychiatric Nursing Program faculty member to application.

**RETURN APPLICATION TO:**

Registered Psychiatric Nurses Association of Saskatchewan  
2055 Lorne Street  
Regina SK S4P 2M4  
Telephone: (306) 586-4617; Fax: (306) 586-6000