



**REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN**

**APPLICATION  
FOR  
BACCALAUREATE LEVEL PROGRAM SCHOLARSHIP**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(street / box no.)

\_\_\_\_\_ (town/city) \_\_\_\_\_ (prov.) \_\_\_\_\_ (postal code)

**REGISTRATION NUMBER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

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On a separate paper, please answer the following questions briefly and concisely. Attach your answers to application.

1. Have you been a member in good standing for two years preceding request for scholarship?
2. Briefly describe your present employment and the types of services you provide.
3. Please list and describe formal educational preparation you have undertaken since competing your diploma in psychiatric nursing. (university classes/certificates/degrees, community college programs, distance education, recognized certification)  
*\*[Include transcripts for marks received in all programs listed above, including basic psychiatric nursing program.]\**
4. Please give a description of university program you are currently undertaking and expected completion date.  
*\*\*[Attach: (a) a copy of the curriculum from the educational facility  
(b) a copy of your official acceptance into the program.]\*\*\**
5. How will a baccalaureate degree enhance your career in psychiatric nursing?

6. Describe your involvement in activities other than those related to work which have contributed to the profession of psychiatric nursing. List professional and/or community involvement.
7. Please describe your involvement in the Registered Psychiatric Nurses Association of Saskatchewan at the branch and/or provincial level.
8. If you have received prior funding from the Registered Psychiatric Nurses Association of Saskatchewan to support your pursuit of a baccalaureate degree, please describe the type and amount received.
9. In your own words describe why you are pursuing a baccalaureate in psychiatric nursing.
10. Provide any additional information you believe may support this application.

I, \_\_\_\_\_, hereby certify that the information included in this application is true and correct.

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Signature of Applicant

Date.

**RETURN APPLICATION TO:**

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