

## REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN

## APPLICATION FOR DOCTORATE LEVEL PROGRAM SCHOLARSHIP

NAME:			
ADDRESS:			
REGISTRATION NUMBER:		TELEPHONE NUMBER:	
PLACE OF EM	IPLOYMENT:		
POSITION TIT	TLE:		

On a separate paper, please answer the following questions fully and accurately. In the case of more than two applicants, this questionnaire will be the deciding factor for awarding of scholarship. Attach your answers to the application.

- 1. Have you been a member in good standing for five years immediately preceding the current membership year and request for scholarship?
- 2. What is your present place of employment? What type of mental health services is provided and in what capacity are you employed in that setting?
- 3. Please give a full description of doctorate level university program you are currently undertaking and expected completion date.
  - \*\*[Attach: (a) attach a copy of the curriculum from the educational facility;
    - (b) a copy of your official acceptance into the program.]\*\*
- 4. Describe your involvement in activities other than those related to work which have made a significant contribution to the profession of psychiatric nursing and/or the RPNAS beyond the responsibilities of your job. List professional and/or community involvement.
- 5. If you have received prior funding from the Registered Psychiatric Nurses Association of Saskatchewan to support your pursuit of a doctorate degree, please describe the type and amount received.

Signature of Applicant		Date	
applica	ation is true and correct.		
I,		, hereby certify that the information included in this	
8.	Provide any additional information you believe may support this application.		
7.	Provide a copy of your dissertation to RPNAS.		
6.	[1,000 to 1,500 words, 4 to 6 pages]		

## **RETURN APPLICATION TO:**

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