



REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN

**APPLICATION
FOR
MASTER'S LEVEL PROGRAM SCHOLARSHIP**

NAME: _____

ADDRESS: _____

REGISTRATION NUMBER: _____ **TELEPHONE NUMBER:** _____

PLACE OF EMPLOYMENT: _____

POSITION TITLE: _____

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 completing 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) attach a copy of the curriculum from the educational facility;
(b) a copy of your official acceptance into the program.]***
5. How will a Master=s 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 with 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 Master=s degree, please describe the type and amount received.
9. Provide any additional information you believe may support this application.
10. Attach a copy of your research project in support of your application.

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

Signature of Applicant

Date

RETURN APPLICATION TO:

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