**Dr. Christine Egan Memorial Scholarship**

**Application Form**

Name of Applicant:

Address:

Telephone:

Email Address:

SIN:

Nunavut Inuit status:

Name of nursing program and educational institution:

Current year and status (completed/in progress; full-time/part-time) nursing program:

Official transcripts of work completed by the application date will be sent by the following institutions:

1.

2.

3.

Letters of reference will be sent by the following persons:

1.

2.

Funding received or applied for during your nursing program, including for the current academic year. Add an additional page, if necessary.

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| --- | --- | --- |
| **Source** | **Amount** | **Received or Applied** |
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Briefly describe any work experience (whether paid or other) related to the health field:

Explain how receiving this scholarship could make a difference to you in studying nursing. Include a statement of financial need here, if appropriate.

Describe your commitment to a career in nursing in Nunavut. Refer both to your preparation for this career and to your career plans.

**Signature: Date:**