



2018 Jean Goodwill Scholarship Application Form

“ . . . I think the basic sense of personal responsibility that forms an important part of a nurse’s training must be the guiding ethic in any profession involving human and social services. For many of you, I would predict that the greatest test of your professionalism will be your ability to apply your knowledge in a practical way, to put yourselves at the service of those communities and individuals whose need is greatest.”

(Jean Goodwill, RN, LLD)

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CANADIAN INDIGENOUS NURSES ASSOCIATION

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Jean Goodwill Scholarship

Two \$2,500.00 nursing scholarships are to be awarded and administered by the Canadian Indigenous Nurses Association (CINA). The aim of the scholarship is to encourage nurses of Indigenous ancestry to obtain the specialized knowledge they will require.

The terms and conditions are set forth below.

Terms and Conditions

Consideration will be given to applicants of Indigenous ancestry, including:

- a. Students who are graduating from a registered nurse's course and are accepted into one of the following specialized training programs.
 - i. community health nursing
 - ii. outpost nursing
 - iii. midwifery
 - iv. other
- b. Graduate nurses already serving in Indigenous communities who are accepted into one of the specialized training programs listed above;
- c. Those who are or will be enrolled in a Bachelor level nursing program.

The successful applicant must provide documentation of their efforts to secure employment in Indigenous communities.

Application Procedure

Completed applications must be received by the President of the Canadian Indigenous Nurses Association by May 31, 2018.

- Email the completed application form with supporting documents by **May 31, 2018** to: info@indigenousnurses.ca

Successful candidates will be notified by June 30, 2018.

Selection Procedure

All applications will be reviewed by a selection board, which will be constituted as follows:

- a. Chairperson – President or President-elect, Canadian Indigenous Nurses Association
- b. Members – Canadian Indigenous Nurses Association

Payments to Successful Candidates

Payments to the successful candidates will be made in a lump sum by the Canadian Indigenous Nurses Association. The payment will be issued by September of each year.

Successful candidates must advise the President of the Canadian Indigenous Nurses Association if they withdraw from the program to which the scholarship applies. The selection board will then decide upon the refund of the award.

Employment in an Indigenous community

Within ten (10) months of completing his or her program of study, the successful applicant must obtain employment in an Indigenous community or provide documentation that they have made reasonable efforts to do so.

Jean Goodwill Scholarship
Application Form

A. General Information

1. Name: _____
2. Email address: _____
3. Permanent Mailing Address: _____

4. Telephone: _____
5. Current membership in Canadian Indigenous Nurses Association (optional):
Receipt number or date paid: _____
6. Current membership in provincial nurses' association: (if applicable):
Registration number: _____ Province: _____
7. Indigenous Ancestry: (*Documented proof of ancestry is required*)
 - Status Indian
 - Métis
 - Non-Status Indian
 - Inuit

B. Proposed Program of Study

- Post-R.N. Specialty (outpost nursing, community health nursing or midwifery)
- Bachelor level nursing degree
 1. University or college you plan to attend
Name _____ Location _____
 2. Degree or diploma anticipated

 3. Major field of specialization
 Outpost Nursing Community Health Midwifery other _____
 4. Admission status (confirmation of acceptance must be provided)

 5. Duration of intended program of study
Months _____ From _____ To _____
 6. Will you be enrolled for full-time study?
 Yes No

Career Goals & Plans to Work in an Indigenous community

- 1. What are your immediate plans upon completion of your program of study?

- 2. What are your long-term career goals?

- 3. What concrete steps have you taken or do you plan to take to obtain employment in the Indigenous community?

- 4. Please provide any addition information which you think might be pertinent to this application.

C. Educational Background

Educational institutions attended
(list in chronological order, starting with the institution you attended last.)

Institution & Location	Date of Attendance	Diploma, Degree, Certificate	Major Interest or Specialization
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

(Please see attached separate sheet, if the space provided is insufficient)

D. Nursing Experience

Positions held (in chronological order, starting with the most recent position or most recent clinical placements).

Position and Employer	Location	Dates of Employment
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(Please see attached separate sheet, if the space provided is insufficient)

E. References

Please list two (2) people from whom you will be requesting references. Referees must be able to speak to your professional performance and/or educational aptitude.

Graduate nurses who are currently employed in an isolated community, must provide the name and contact information of their immediate supervisor. Candidates enrolled in a Bachelor level program must provide the name and contact information of an educator from their school of nursing.

1. Name:	_____	2. Name:	_____
Title:	_____	Title:	_____
email:	_____	email:	_____

F. Transcripts

Applicant must provide a copy (PDF is accepted) of transcripts obtained in university or nursing school, including any marks that are available for the current year.

Please list the educational institutions from which transcripts will be forthcoming:

1. _____
2. _____
3. _____

G. Autobiography

Please write a short autobiography or essay (300 words or less) explaining why you chose nursing as a profession and describe your future goals as a nurse.

Additional Information (Optional)

Social Insurance Number:

Family Status:

Single Separated Divorced Married (include common-law)

Dependents: Children How many? _____ Other: _____

Family Income: Spouse's Annual Income _____

Other Income _____

Total Family Income _____

I certify that the information in this application is true and correct.

Date: _____ Signature: _____

Please return the completed form and all supporting documents by email no later than May 31st, 2018 to:

info@indigenousnurses.ca
Canadian Indigenous Nurses Association
50 Driveway
Ottawa ON K2P 1E2

