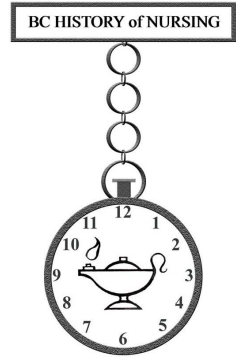


## B.C. HISTORY OF NURSING SOCIETY

P.O. Box 72082, RPO Sasamat  
Vancouver, B.C. V6R 4P2  
[www.bcnursinghistory.ca](http://www.bcnursinghistory.ca)



# SCHOLARSHIP APPLICATION FORM

### PURPOSE

Nurses who are members of the BC History of Nursing Society (including student members) and are pursuing studies in historical aspects of nursing are eligible for financial assistance from the Society. The purpose of the scholarship funding is to encourage undergraduate and graduate students to undertake a project or study to add to the rich heritage of nursing history.

### GUIDELINES

Scholarships will be awarded twice yearly to students doing projects in history of nursing.

The study can be:

- A written essay
- Preparation of nursing biographies
- Collection and documentation of oral histories of nurses
- Preparation of historical nursing materials for display and educational purposes
- Other historical research or projects involving nursing

### SELECTION PROCESS

Application forms are to be submitted in March or November.

The Scholarship Committee will review the applications and forward recommendations to the BC History of Nursing Society Executive.

## A. PERSONAL INFORMATION

Name: (please print) \_\_\_\_\_  
(surname) (first) (middle)

Present address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Permanent address where mail will reach you as above \_\_\_\_\_ or \_\_\_\_\_

Year graduated from basic nursing education programme \_\_\_\_\_

School of Nursing \_\_\_\_\_  
(name) (city/country)

Additional education background: College \_\_\_\_\_ Baccalaureate \_\_\_\_\_

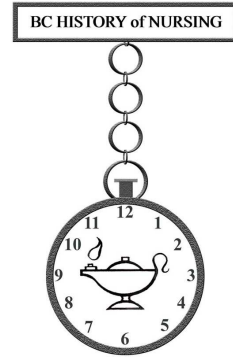
Masters \_\_\_\_\_ Doctoral \_\_\_\_\_ Other \_\_\_\_\_

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Current Practice (if employed) \_\_\_\_\_

**Please attach on a separate paper a brief description of the nursing history study to be undertaken.**

**B. REFERENCES MAY BE REQUESTED.**

**C. SCHOLARSHIP AGREEMENT AND SIGNATURE**

The successful candidate will be required to sign an agreement outlining the conditions of the contract.

**D. MAIL APPLICATION TO: Address Above**

**E. DATE APPLICATION SUBMITTED** \_\_\_\_\_