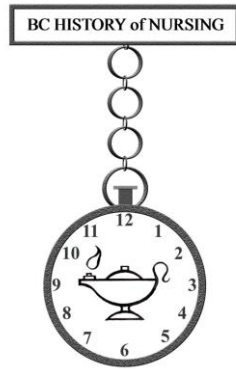


B.C. HISTORY OF NURSING SOCIETY

P.O. Box 72082, RPO Sasamat

Vancouver, B.C. V6R 4P2

www.bcnursinghistory.ca



BURSARY 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 Bursary funding is to encourage undergraduate and graduate students to undertake a project or study to add to the rich heritage of nursing history.

GUIDELINES

Bursaries 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 Bursary Committee will review the applications and forward recommendations to the BC History of Nursing Society Board of Directors.

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 _____

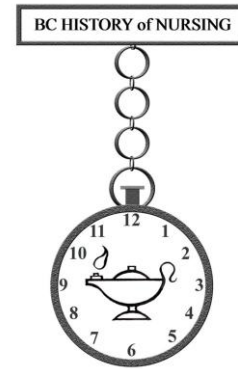
Masters _____ Doctoral _____ Other _____

B.C. HISTORY OF NURSING SOCIETY

P.O. Box 72082, RPO Sasamat

Vancouver, B.C. V6R 4P2

www.bcnursinghistory.ca



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. BURSARY 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 _____