



## 2023 Joycelyn Callender Registered Nurse Scholarship Award Application Form

*Applicants must be residents living in the Peel/Halton Regions*

### Applicant Information

<b>Full Name</b>			
	<b>First Name</b>	<b>Last Name</b>	<b>Initial</b>
<b>Address</b>			
	<b>Street Address</b>		<b>Apartment/ Unit #</b>
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Phone Number</b>		<b>Email address</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone</b>	

### Current Studies

<b>College/University</b>	
	<b>Name of College or Institution you are attending</b>
<b>Institution Address</b>	
<b>Institution Phone #</b>	

<b>Program of Study</b>	<b>Duration of Program</b>	<b>Year Graduating</b>



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### Additional Information Required from Applicants

Please provide information about the following:

#### Community Involvement/ Volunteer Experience:

Describe your community involvement/ volunteer experience:

#### Other Interests or Activities:

Describe your Extra-Curricular Activities:



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### Additional Information Required from Applicant -Continued

#### Future Plans:

Describe your plans for the future:

### Important Information for Applicants

Applicants must be:

- A student in good standing who is currently enrolled in an accredited baccalaureate nursing program.
- A Canadian citizen or permanent resident – residing in Peel Region or surrounding areas.
- Have never received a Congress Scholarship.

Applicants must submit the following documents to the Selection Committee:

1. A completed scholarship application form. (Download, complete, save and email the form)
2. Your most recent end of year transcript.
3. An essay of 500 words describing: 1. why you chose to become a nurse; 2. the attributes you believe are required for this position; and 3. what you bring to this profession.
4. A brief description of the health disparities and health equity for the Black community in Ontario and how you will become an agent of change for this under-served group.
5. Two letters of reference from the faculty of your school.
6. Scholarship application form and required supporting documents should be sent by email to the Scholarship Selection Committee at: [education.mississauga@cbwc-ontario.org](mailto:education.mississauga@cbwc-ontario.org)

### Signature of Applicant

By placing my signature (electronic or print) below, I certify that I have read and understand all the terms in the application guidelines. I also certify that the information contained in this application form is accurate and complete. I understand that any misrepresentations in this application will lead to disqualification for the Post-Secondary Scholarship award.

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Signature

Date