

Community Health Nurses' Initiatives Group (CHNIG)

Education Award 2024

APPLICATION FORM

Full name:	
Mailing Address:	
Phone:	
Email:	
CNO Registration #:	
RNAO Membership #:	
Number of years as CHNIG Member:	

Previous recipient of any CHNIG Awards: No Yes

Have you received funds from other sources (bursaries or awards)? No Yes

If yes, please specify name(s) or source(s), and amount received:

Funding Source		\$
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Please attach the following documents along with your application:

- A letter or email confirming proof of RNAO and CHNIG memberships
- Applicant's CV (3 page Limit)
- Summary of biographical information (Max. 500 words)
- Two letters of reference:
 - Reference letter #1
 - Reference letter #2

Application Verification

The information I have provided is accurate.

Consent

I give consent for my name to appear on CHNIG media if I receive this award.

Attention: You are responsible for ensuring that all supporting documents are received by the deadline date and time to the email listed above. Incomplete or late applications will not be reviewed in this competition.