

Nancy Llewellyn Pediatric Nursing Bursary

One bursary valued up to \$500 is awarded annually to an RN who exemplifies the professional attributes of Nancy Llewellyn, RN and is pursuing a continuing education activity directly related to their practice in pediatric nursing.

NOTE: THIS IS NOT AN APPLICATION FORM

You will be required to provide the following information on your application:

A. Personal Information

- Contact information (Name, E-mail*)
- CRNNL Registration Number ***REQUIRED**
- Social Insurance Number (Required for [Income Tax](#) purposes)
- Previous Trust bursaries and year received

B. Employment Details

Employment details are used to demonstrate the relevance of the program/event to your nursing practice.

- Employer – RHA, Educational Institution, Private/Self Employed, Other
- Site (e.g., St. Clare's Mercy Hospital)
- Position
- Area of Responsibility/Specialty Area ***REQUIRED**
- Length of time working in pediatrics ***REQUIRED**

C. Course/Program/Certification Details

- How the course/certification relates to your nursing practice (checkboxes) ***REQUIRED**
- Application for: conference/workshop or other CE Event ***REQUIRED**
 - Conference/Workshop: title, offered by, start date, end date, presenting at the conference, currently registered/enrolled
 - Specialty Certification: certification, offered by, exam date, currently registered
 - Other CE Event: title, offered by, start date, end date, number of courses in program (if applicable), currently registered/enrolled

D. Budget

- Costs – include eligible costs (with applicable taxes)
 - o Registration
 - o Travel
 - o Accommodation
 - o Other
 - o Total Cost
- Other Sources of Financial Assistance
 - o Funding source and amount of any funding you have applied for or received to date to assist with the costs of the program/event and whether the funding has been approved.

E. Personal Statement

- A brief statement (maximum **250** words) about why you chose a career in pediatric nursing.

F. Reference

- One reference from a nurse in a leadership position (e.g., manager, supervisor, etc.) who can speak to your motivation and initiative with regard to your nursing practice and how you demonstrate the qualities of Nancy Llewellyn. You must provide your CRNNL Registration Number and email address to your referee. This information is required in order to complete the reference form.

Important Notes:

- If your application is successful, you will be required to submit **verification of eligible costs** (e.g., receipt for tuition and/or exam fees) and **proof of attendance** (for conferences) or **proof of successful completion** of the course/program/certification exam in order to claim your bursary. Any additional documentation requirements will be outlined in the notification email you receive from the Trust.
- If you are successful in achieving **full funding** from other sources, you will be asked to accept the other funding. If you receive notification that you have received full funding after you have received your bursary from the Trust, you are *required to notify the Trust and return the Trust funds*.
- Deadline for receipt of applications:
 - **April 15th** for CE events between **January and June**.
 - **October 15th** for CE events between **July and December**.
 - Applications for CE events outside of the specified timeframe will not be accepted (e.g., applications for CE events between January and June will not be accepted in the fall competition).

Updated: December 2019