

# ARNM Scholarship Application Form

**Submission required between Feb 1 & March 31 annually.**

**Please refer to the applicable scholarship policy for required documents prior to filling out the application form.** Incomplete applications will not be processed. Complete this application including signature and email it to [scholarships@arnm.ca](mailto:scholarships@arnm.ca)

**Please check all scholarships for which you are applying:**

☐ Graduate Study Programs ☐ LPN/RN for BN Degree Programs  
☐ Kay DeJong - Northern Nursing ☐ Certificate Program  
☐ Manitoba Gerontological Nurses Association (MGNA )

CRNM members Only:

☐ Dennis Norbury - Obstetrics or Palliative Care

**GENERAL INFORMATION:** Please complete all fields

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

CRNM / CPLNM / CRPNM Registration Number: \_\_\_\_\_ \*circle applicable regulatory body

ARNM Membership Number: \_\_\_\_\_ \*Applicants must be a current member of ARNM

SIN: \_\_\_\_\_ *\*The Winnipeg Foundation requires as per CRA guideline*

Educational Program \_\_\_\_\_ Institution \_\_\_\_\_

Application to Program Accepted: \_\_\_\_\_ YES \_\_\_\_\_ NO If no, anticipated notification date: \_\_\_\_\_

***Proof of Program Acceptance must be provided in order for funds to be granted***

I hereby certify that the information is complete and true to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Send applications and supporting documentation to [scholarships@arnm.ca](mailto:scholarships@arnm.ca)