

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@arm.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