



Application for the Olympus CSGNA Scholarship

First Name: _____ Last Name: _____

Address: _____

Email: _____

Telephone: _____

Employer: _____

CSGNA Membership number: _____

Member since : _____ (year)

I am applying for the:

_____ The Olympus \$500 Scholarship

_____ The Olympus Patricia Coghlin Scholarship *(please include a current CV and personal letter identifying your contributions to workplace, patient care or the CSGNA)*

Please submit your application to:

Palma Colacino
CSGNA Executive Assistant
#224, 1540 Cornwall Road
Oakville, ON L6J 7W5
Phone: 905-829-8794
Toll free: 1-866-544-8794
Fax: 905-829-0242