



Canadian Society of Gastroenterology Nurses & Associates

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

#224, 1540 Cornwall Road, Oakville, ON L6J 7W5

CSGNA ANNUAL SCHOLARSHIP AWARD APPLICATION FORM

The Annual National Conference award of \$1,500.00 is to be used for travel and accommodation to the annual National Conference in Canada.

EXCEPTIONS:

1. Applicant cannot have received **THIS** award in the previous two years.
2. Current members of the Executive and Conference Planning Committee are not eligible for this award.
3. Scholarships are available only to active members.

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. A written summary of how this scholarship and attendance at the proposed meeting would benefit you in your research/endo-clinical role in gastroenterology, and what self initiated research projects you are involved in.
2. A current Curriculum Vitae.
3. Please specify your past involvement in the CSGNA: e.g., acted as speaker at a meeting, actively recruited new members for CSGNA, aided in the formation of a local chapter, served on an Ad Hoc Committee, and any newsletter articles submitted. Describe your current involvement with your chapter: e.g., fundraising or planning chapter conferences.
4. Outline projected financial needs to attend this meeting.
5. Geographical location and related travel expenses will be taken into consideration by the Awards and Research Director when scoring applications.
6. A copy of your CSGNA Membership Card.

APPLICATION FORMS AND SUBMISSIONS MUST BE RECEIVED BY THE AWARDS AND RESEARCH DIRECTOR BY **JULY 15 OF THE CURRENT YEAR. FORMS MAY BE MAILED TO THE ABOVE ADDRESS, FAXED TO 905-829-0242 OR EMAILED TO RESEARCHAWARDSDIRECTOR@CSGNA.COM**

NAME: _____
 CIRCLE ALL THAT APPLY: RN BScN BAN MSN CGN(C) OTHER _____
 HOME ADDRESS: _____
 CITY: _____ PROVINCE: _____
 POSTAL CODE: _____ HOME TELEPHONE: _____
 FAX: _____ EMAIL: _____
 HOSPITAL/EMPLOYER: _____
 WORK ADDRESS: _____
 CITY: _____ PROVINCE: _____
 POSTAL CODE: _____ JOINED THE CSGNA IN _____ (year)

SIGNATURE _____ DATE _____