

**APPLICATION FOR THE JESSIE YOUNG BURSARY OF C.A.N.N.**

NAME: \_\_\_\_\_  
(Ms, Mrs. Miss, Mr., Sir) (Surname) (First Name) (Middle Name)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (Business): \_\_\_\_\_ (Home): \_\_\_\_\_

EMAIL: \_\_\_\_\_

C.A.N.N. Membership number: \_\_\_\_\_

Educational Preparation (attach CV as desired):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History (attach CV as desired):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the program/course of study for which you are applying:  
Provide specific details of the neuroscience nursing aspect of the program (i.e. hours of course – attach course outline).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans on completion of the study program? Please describe how the completion of this program will contribute to your future plans. (may attach one additional sheet)

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Please describe how the training that you receive in this program will advance the field of neuroscience nursing. (may attach one additional sheet)

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Are you applying or have you received monies from other sources of funding?

No  Yes If yes, name sources and amounts received. \_\_\_\_\_

**Declaration by Applicant:**

To the best of my knowledge, the information provided above is accurate and truthful. If successful, I agree to write a letter to the editor for the next addition of CJNN regarding receipt of this award.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to:** Professional Practice Portfolio Chairperson, C.A.N.N.  
**Email:** [canninfo@cann.ca](mailto:canninfo@cann.ca)

**THE JESSIE YOUNG BURSARY  
PROFESSIONAL REFERENCE**

**Please complete both sections I and II (typed or printed)**

**APPLICANT:** \_\_\_\_\_

**SECTION I**

Rate the applicant on the following items A through I using the numeric score provided. **5 = outstanding, 4 = above average, 3 = average; 2 = below average; 1 = poor; 0 = inadequate**

- A. Interest in nursing as a career.
- B. Quality of performance in nursing
- C. Intellectual ability
- D. Emotional maturity
- E. Ability to express herself/himself orally
- F. Ability to express herself/himself in writing
- G. Ability to exchange and share ideas with others
- H. Ability to work effectively with others.
- I. Perseverance required to achieve one's goal.

**SECTION II**

Based on your knowledge of the applicant, describe any outstanding characteristics or limitations, which you consider of special significance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years

In what capacity? \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_

**Please return to: Professional Practice Portfolio Chairperson, C.A.N.N.  
Email: [canninfo@cann.ca](mailto:canninfo@cann.ca)**