

LORRAINE ROBERTSON (WRIGHT 1947) MEMORIAL SCHOLARSHIP IN NURSING

Donor: The Alumnae Association of the Calgary General Hospital School of Nursing

Value: \$1,000

Number: One (1)

Description of the Award

Awarded annually to a student pursuing a Bachelor of Nursing degree at Athabasca University (AU). The award is intended to recognize a fourth year Bachelor of Nursing program student who demonstrates academic excellence and resides in the City of Calgary or Southern Alberta.

Conditions of Eligibility

An applicant must meet the following criteria to be eligible to apply for this award:

- Be a current Bachelor of Nursing program student.
- Have completed the third year of the program and are entering the fourth year of the program (must be in the final 30 credits of the program).
- Demonstrate academic achievement of a GPA of 3.6 or higher.
- Reside in Calgary or Southern Alberta.
- Have dependents.
- Applicants may only receive this award once.

Application Submission Deadline Date

- May 15th

Application Instructions

Submit your application here: [Student Awards Application Submission](#) Or navigate back to award listing to submit.

Award Notification

The successful applicant for the Lorraine Robertson (Wright 1947) Memorial Scholarship in Nursing should expect to be notified within one month of the selection committee convening to choose the recipient.

Questions?

Visit the Athabasca University Awards website located at:

<http://www.athabascau.ca/registrar/studawrds.php> or email awardsinfo@athabascau.ca or call toll free 1-800-788-9041 extension: 6197 or 780-675-6197 with your inquiries.



APPLICATION FORM FOR THE LORRAINE ROBERTSON (WRIGHT 1947) MEMORIAL SCHOLARSHIP IN NURSING

Please ensure that you meet all the eligibility criteria and that you can demonstrate the qualities of the selection criteria.

A. PERSONAL INFORMATION

Athabasca University Student Identification Number:

Social Insurance Number:

Last Name:

First Name:

Middle Name:

Mailing Address 1:

Mailing Address 2:

City:

Province:

Postal Code:

Country:

Primary Telephone Number:

Alternate Telephone Number:

Email Address:

B. CURRENT POST-SECONDARY EDUCATION INFORMATION

Complete the information requested below. Information will be verified with your student record and other sources, if required.

In which undergraduate degree program are you enrolled?

How many credits do you have left to complete in your program?

What is your cumulative GPA? (Go to MyAU portal, click on "Request Transcript", and then click on "Preview" to view your GPA)

C. DEPENDENT INFORMATION

Provide the number of, and age(s) of, the dependent children for which you are legally responsible and that are living with you:

Provide an explanation of other dependents for which you are legally responsible that are living with you:

D. SHORT ESSAY QUESTIONS

Please answer the following questions within the spaces provided. No extra information will be read. Please limit your answers to 300 words. A missing answer will disqualify you.



Describe the reason you enrolled in the Bachelor of Nursing degree program at AU?

Describe how completing your Bachelor of Nursing degree through AU will aid your community?

D. REQUIRED CERTIFICATION AND RELEASE

I certify that the information provided in this application and in the accompanying documentation is true, accurate and complete. I authorize the provision of any information held or to be held by Athabasca University, and others relating to my application, including but not limited to personal evaluations and transcripts, to the Student Awards Unit of Athabasca University and the Selection Committee chosen for this scholarship. I understand and accept that: (1) such information will be used by the Student Awards Unit and the awards selection committee of Athabasca University for the purposes of selection, for statistical analysis, and to facilitate ongoing administrative correspondence with applicants, necessary to further the objective of the Athabasca University Student Awards Program and to improve selection process; (2) the Athabasca University will not release application evaluation or the results of the evaluation process, except to inform me if my application has been accepted for an award; and (3) for all questions regarding my personal information held on file by the Athabasca University, including updates thereof, I may reach an Athabasca University representative through the contact information provided within this award package; and (4) if my application is selected for this award, I authorize the publication of my name and the name of the award received on the Athabasca University website and in reports to governing bodies of Athabasca University. I understand that should my application be selected for this award, I am subject to the reporting obligations of the Canada Revenue Agency regarding scholarships, fellowships, bursaries, study grants, and artists project grants. Finally, if my application is selected for this award, I will: (1) provide a thank you letter to the Student Awards Unit of Athabasca University to be forwarded to the donor of the award and (2) agree to a request for a photo opportunity should one be forthcoming.

Name of Applicant:

Date:

Your personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 and the *Post-Secondary Learning Act*, S.A. 2003, c. P-19.5.