

**International Affairs & Best Practice Guidelines Programs Doctoral Fellowship  
APPLICATION FORM  
Competition 2010-2011**

Eight copies of completed application are to be submitted; one copy must have original signatures. Applications by FAX will not be accepted. Application to be submitted, by November 2, 2010 (12 noon, EST) to:

Doris Grinspun, Executive Director  
c/o Heather McConnell  
Associate Director, International Affairs and Best Practice Guideline Programs  
Registered Nurses' Association of Ontario  
Nursing Best Practice Doctoral Fellowships  
158 Pearl Street  
Toronto, Ontario, Canada  
M5H 1L3

**Personal Information**

Name:	Other Name(s) (if on transcript):
Mailing Address:	
Telephone (Bus):	Telephone (Home):
Email:	Country of Citizenship:

**Current Status (check all that apply)**

- Student       Employed       Appointment to established university position

Other (specify)

**LEVEL OF STUDY** Please check appropriate box:

- Doctorate       Combined Program – Masters, PhD  
 Full Time Studies       Part-time Studies (please indicate # of courses per semester / % of time)\_\_\_\_\_

Date of enrollment in PhD program (month/year):

**Current Application**

Planned starting date of this award:

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Have you applied for other financial supports?  No  
 Yes (specify)

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Amount and Sources of Funding Awards:

**University Program**

Name of University:

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Department:

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Address:

Department Head Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Research Supervisor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Candidate's Program**

Program name and degree name:
Field of study:
Thesis title:

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Application Deadline: November 2, 2010 (12 noon, EST)***