



UNIVERSITY OF SASKATCHEWAN

College of Nursing

NURSING.USASK.CA

## Dr. Swanson and Ian Miller RN to NP Support Fund Application Form

### Applicant Information

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Course Number: \_\_\_\_\_

### Employment Status

☐ Full-Time

☐ Part-Time

☐ Casual

☐ Not Employed

### Clinical Placement Information

Clinical Placement Site (Name and Location):

|  |
|--|
|  |
|--|

### Placement Dates

|  |
|--|
|  |
|--|



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### Career Plans

Please describe your career plans following completion of your Nurse Practitioner education (e.g., rural or remote NP practice, client demographics, areas of interest, etc.):

### Detailed Budget

**Note:** Food and meal costs are **not covered**.

#### 1. Accommodation

*(Excluding current/existing accommodation. Include number of nights and cost per night/week/month, as applicable.)*

Description:

**Approximate Total Cost:** \$\_\_\_\_\_



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### 2. Travel

*(Airfare, private vehicle, etc. Include distance, fuel or airfare costs, and number of planned return trips.)*

Description:

|  |
|--|
|  |
|--|

**Approximate Total Cost:** \$ \_\_\_\_\_

### 3. Child Care (If Applicable)

Description:

|  |
|--|
|  |
|--|

**Approximate Total Cost:** \$ \_\_\_\_\_

### 4. Other Expenses

Description:

|  |
|--|
|  |
|--|

**Approximate Total Cost:** \$ \_\_\_\_\_

**Detailed Budget Total Cost:** \$ \_\_\_\_\_



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### Other Funding Sources

☐ I have requested funding from other sources.

If yes, please provide the source, amount requested, and amount received:

|  |
|--|
|  |
|--|

### Applicant Declaration

☐ I understand that if I do not participate in the clinical placement, or withdraw from the course before incurring eligible expenses, I may not receive the bursary funds.

☐ I understand that I will be asked to submit an impact report outlining how the funds were used and the impact they had on your clinical education.

### Submission Information

Applications are accepted year-round.

Please email completed applications to:

**nursing.awards@usask.ca**

**Applicant Signature:** \_\_\_\_\_

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