



**Operating Room Nurses Association of Ontario
(ORNAO)**

Scholarship/Bursary

APPLICATION FORM

Name: _____

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Number: _____ Cell Number: _____

CNO Registration #: _____ RNAO Registration #: _____

CPN(C) #: _____ Expiry Date: _____

Regional Association: _____

Place of Employment: _____

Department: _____ Title: _____

Number of Years in the O.R.: _____

Name of Education Program/Course: _____

School: _____ Length of Program: _____

Cost of Program: \$ _____ Funding Requested from ORNAO: \$ _____

Have you received previous funding from ORNAO? Yes No

Have you/will you be receiving other funding? Yes No

If so, list sources and amount of funding received: _____

Signature: _____ Date: _____

DEADLINE FOR APPLICATION - FEBRUARY 15th

(Please attach a copy of program description for review and consideration)