



The College of Nursing



## The Maylean Jessie Cordia Memorial Scholarship

*Print-out application form*

In collaboration with The Prince Henry Hospital Trained Nurses Association Incorporated, this scholarship offers an opportunity for a member of the College of Nursing to further his or her **professional development** in a chosen specialty area of nursing. **Valued at \$2,000** the scholarship is available to registered and enrolled nurses to undertake further education.

### Eligibility Criteria Checklist

- The applicant must be a **registered nurse** residing in Australia who is a current financial member of the College of Nursing.
- The award must be used for any proposed education furthering the applicant's professional development in their chosen field of nursing.
- The nurse must be able to outline how a change or review of clinical management as a consequence of their study will result in **better outcomes** for patients.

### Documents Required Checklist

- 1. Fully completed application form (Sections 1 & 2).
- 2. Agreement to terms and conditions of award (Section 3).
- 3. Curriculum vitae of applicant.

### Selection

The Scholarships Committee of the College of Nursing will undertake assessment of applications within one (1) month of the closing date. The Committee's decision will be final. Applications are competitive and the College reserves the right to withdraw the award should conditions not be satisfied, or to award less than the full amount in any year. Late or incomplete applications will not be accepted. The successful applicant(s) will be notified in writing, and will be presented with the Scholarship formally at The College Annual Oration and Investiture.

**Applications will close at 5pm on the 31<sup>st</sup> August**

**Post your application to:**  
Scholarships Committee  
The College of Nursing  
Locked Bag 3030  
Burwood NSW 1805

# The Maylean Jessie Cordia Memorial Scholarship

*Please ensure this cover sheet is attached to the front of your application*

## SECTION 1 Your details

Preferred title: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Specialty area of practice: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Are you a current financial member of The College of Nursing?** If yes, we will check your current details

Yes

No

**Are you a current member of other professional nursing organisations?** If yes, we will check your current details

Yes

No





## SECTION 3      Terms and conditions of award

- A scholarship to the value of \$2,000 will be offered to a registered or enrolled nurse residing in Australia who can best demonstrate that their proposal addresses the aims of the award.
- The scholarship funds are to be used for activities that further the applicant's professional development within their chosen specialty area of nursing.
- The College reserves the right to withdraw the award in any year, or to award less than the full amount.
- Applications will be called every year during May/June and will be advertised in the College journal *nursing.aust* and the College's website [www.nursing.edu.au](http://www.nursing.edu.au)
- Applications should be received on the nominated forms and address all points outlined in the template.
- Evidence in support of the clinical practice initiative must accompany the application.
- The successful applicant must use the funds within 12 months of receipt of the scholarship.
- Successful applicants must submit a brief report to the College at the conclusion of this period outlining how the scholarship funds were used and detailing the outcomes of their attendance at a conference/ education/course.
- The Prince Henry Hospital Trained Nurses Association Inc. and the College are to be acknowledged in any publication or presentation resulting from funding support. The College reserves the right to publish information about award of the scholarship in *nursing.aust*.

**I agree to the terms and conditions of the Maylean Jessie Cordia Memorial Scholarship.**

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

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

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