



**Part 1: PERSONAL INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>Student Number</b>	
<b>Mailing Address</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>	<b>Cell Phone</b>	<b>Home Phone</b>	

**Part 2: STUDENT INFORMATION**

*Please select each option that applies to you:*

<input type="checkbox"/>	Chang School continuing education student registered in a Nursing course; Please flag on your <i>Unofficial Transcript</i>
<input type="checkbox"/>	Maintained a minimum CGPA of 3.0 (B)
<input type="checkbox"/>	Canadian Citizen
<input type="checkbox"/>	Ontario resident for at least one year (12 consecutive months)
<input type="checkbox"/>	Active volunteer in the community
<input type="checkbox"/>	Identify as a black female

**Part 3: ADDITIONAL INFORMATION TO INCLUDE WITH APPLICATION**

*Please include the following with your application:*

<input type="checkbox"/>	Evidence of academic achievement ( <i>Unofficial Transcript</i> )
<input type="checkbox"/>	Academic essay (500 words or more) describing your volunteer involvement within the community which includes a personal statement of your view on the importance of nursing

**Part 4: DECLARATION**

The above information is, to the best of my knowledge, true and accurate. I understand that any false statements I may make could disqualify me from The Josette M. Billich Award in Nursing. By signing below, I indicate that I understand and agree to these terms and conditions. The information on this application is collected under the authority of the Ryerson University Act. It will be used to process your application for this award and to determine the recipient of the award. If you have questions about the collection, use and disclosure of this information by the University, please contact the Manager of Student Financial Assistance and Awards, Ryerson University, 350 Victoria Street, Toronto, Ontario, M5B 2K3, 416.979.5113.

<b>Name (Printed)</b>	<b>Signature</b>	<b>Date Signed</b>
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