



The Canadian Orthopaedic Nurses Association  
 Association Canadienne des Infirmières et Infirmiers en Orthopédie

## CONA Award & Bursary Application Form

Please complete this form, then e-mail with ALL supporting documents, including a picture of applicant in jpeg format to [CONA.advertising@gmail.com](mailto:CONA.advertising@gmail.com)

**Check off the Award you are applying for.** Please check eligibility and award details on the website. Some awards require supporting documents and must be included in your application. Guidelines are located on the CONA website on the Continuing Education/Awards page:

<input type="checkbox"/> <b>CONA Conference Grant</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• Photo of applicant (jpeg)</li> </ul>	<input type="checkbox"/> <b>CONA Excellence in Orthopaedic Nursing Practice Award</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• 2 (Two) letters of recommendation</li> <li>• Photo of applicant (jpeg)</li> </ul>
<input type="checkbox"/> <b>Dr. Cy Frank Canadian Orthopaedic Association (COA) Literary Award</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• Electronic version of the manuscript</li> <li>• Photo of applicant (jpeg)</li> </ul>	<input type="checkbox"/> <b>CONA “Up and Coming” Orthopaedic Nursing Award</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• 2 (Two) supporting letters</li> <li>• Photo of applicant (jpeg)</li> </ul>
<input type="checkbox"/> <b>CONA Certification Bursaries</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Initial Certification</b></li> <li><input type="checkbox"/> <b>Re-certification</b></li> <li>• Application form deadline December 31<sup>st</sup></li> <li>• Copy of receipt of payment</li> <li>• Amount Paid for certification/renewal (specify CDN/US dollars): _____</li> <li>• Letter of successful certification/re-certification</li> <li>• Photo of applicant (jpeg)</li> </ul>	<input type="checkbox"/> <b>CONA Speakers Award</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• Copy of the abstract of brief synopsis of presentation</li> <li>• Photo of applicant (jpeg)</li> </ul>
<input type="checkbox"/> <b>CONA Lifetime Achievement Award</b> <ul style="list-style-type: none"> <li>• Application form deadline March 31<sup>st</sup></li> <li>• Nomination form 5.D.3 in the CONA National Board Manual</li> <li>• 5 (Five) supporting nominations</li> <li>• Photo of nominee (jpeg)</li> </ul>	



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### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

Initial

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

Street Address

Apartment/Unit #

City

Province

Postal Code

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

Years in CONA: \_\_\_\_\_ CONA Chapter: \_\_\_\_\_ CONA Membership # \_\_\_\_\_

Are you receiving any other financial assistance  No  Yes - Please specify: \_\_\_\_\_

Have you received funding from CONA before?  No  Yes - Please specify: \_\_\_\_\_

How many National Conferences have you attended?  less than 5 conferences  more than 5 conferences

Local Chapter Board involvement? Please specify: \_\_\_\_\_

National Board involvement? Please specify: \_\_\_\_\_

Please outline your other contributions to Orthopaedic Nursing and patient community (i.e. articles published, presentation given, guests brought to meeting, member recruited, fundraising activities, etc.) May use separate sheet if needed.

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

Local Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR** Immediate Supervisor for Members at Large

Email application and supporting documents to: [CONA.Advertising@gmail.com](mailto:CONA.Advertising@gmail.com)