**2017/18 MUNSS Level 4 Achievement Award (1 x $250)**

The recipient of this award is a **Level 4** nursing student who has consistently demonstrated **leadership, initiative and a commitment** to the McMaster Nursing Community throughout their years as a **BScN** student. The recipient’s dedication has contributed greatly to the McMaster Nursing Community and related communities by promoting **collaboration and professionalism** in nursing.

To nominate yourself for this award, please complete the following form. In addition, **one (1) letter of support** from a member of the McMaster Nursing Community or a related community must accompany the application.

Please submit your documents with the following title format (Award name) + (Your student #) to **awards@munss.ca** **Please, DO NOT include your name**.

Example title format: Level 4 Achievement Award - 40002

**Deadline: Friday, February 9th, 2018 by 11:59pm (Late applications will not be considered)**

**Please note: Maximum 500 words per question**

Winners will be announced in late February and will be invited to receive their award at the School of Nursing Undergraduate Awards Ceremony.

**Applicant Information**

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| **Student #**  |
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| **Site (McMaster, Conestoga, Mohawk)** | **Level (4)/Stream (McMaster, Mohawk or Conestoga)** |
|  | **Level:****Stream:** |

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| **Contact Information: 1. Email** **2. Alternate (e.g. Cell Phone)** |
| **1.****2.** |

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| **Please describe your leadership experience and involvement throughout your four years in the BScN program, noting time frames. (max 500 words)** |
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| **Please outline one academic and/or extracurricular achievement (s) that has made an impact in your nursing student life. (max 500 words)** |
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| **Please give an example of a time when you have demonstrated collaboration and professionalism this year, which made an impact to the nursing community. (max 500 words)** |
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| **How have the last four years shaped you as a person and a future nurse? Please consider your personal growth. (max 500 words)** |
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**Supportive Reference**

Please share information about the individual who will be submitting a letter of support for your application. All letters of reference can be emailed to awards@munss.ca

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| **Name** | **Affiliation (e.g. School of Nursing faculty member)**  | **Relationship to You** |
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