

MN-Leadership Supplemental Information

1. Name: _____

2. CNO RN registration number:

I have uploaded my registration information.

I am currently completing my BScN and will provide my registration number when received

Not applicable - I am an international applicant.

3. Will you receive or have you applied for any financial support for your studies in the form of an award, scholarship or other sources of funding? If yes, please indicate which awards, the dollar amount, and the duration.

International students: Please include information regarding scholarships from your government.

Award Name	Award Amount	Duration

4. Have you completed any Master's level studies at a university in Ontario?

Yes - Name of School: _____

- Number of full time terms completed: _____

No

5. Additional information: