



UNIVERSITY  
of Prince Edward  
ISLAND

SCHOLARSHIPS AND AWARDS COMMITTEE  
REGISTRAR'S OFFICE

550 University Avenue, Charlottetown PE C1A 4P3  
Telephone: (902) 566-0358 Fax: (902) 566-0795

## Michael Robison Memorial Scholarship in Nursing

### DESCRIPTION

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The Michael Robison Memorial Scholarship in Nursing fund was established at the University of Prince Edward Island by the Directors of the Heart to Heart Association in memory of Mr. Mike Robinson for the purpose of supporting education in cardiac health. This award is established to honour Mr. Robison's dedicated service to the clients of the Heart to Heart Association while he served as Executive Director.

### CRITERIA

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Awarded to a graduate of the UPEI BScN program (two or four year program) in their first or second year of study in the UPEI Master of Nursing program, who has a particular interest in the impact of cardiovascular disease on individuals and/or families and how community support can enhance the quality of life for individuals experiencing cardiac issues as well as their support networks.

If no MN students qualify, undergraduate level students in their final year of the UPEI BScN degree (two or four year program) may apply.

### APPLICATION PROCESS (Deadline: July 31)

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**Application materials should be submitted to:**

University of Prince Edward Island  
Scholarships and Awards Committee  
550 University Avenue  
Charlottetown, PE C1A 4P3

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of scholarship adjudication and contacting successful award recipients. Direct any questions about this collection to: UPEI Scholarships and Awards Office, 550 University Avenue Charlottetown, PE C1A 4P3, 902-620-5187 – [scholarships@upei.ca](mailto:scholarships@upei.ca)



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## Michael Robison Memorial Scholarship in Nursing

### APPLICATION FORM

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

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

UPEI Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

UPEI Email Address: \_\_\_\_\_

**Please include the following in your application package:**

**Application Form** (Deadline – July 31)

**Application Personal Statement** (maximum one page typed)

Please include in your personal statement how you meet the award criteria, including your interest in the impact of cardiovascular disease on individuals and families, and their support networks

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

**Note:** Incomplete application packages will not be considered. For official communication purposes, the Scholarships and Awards Committee will contact successful recipients through their UPEI Email Address. It is the student's responsibility to check their UPEI email account.

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