



Western

Arthur Labatt F  
School of Nursing

## 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.