

Sister Margaret Y Winning Scholarship 2026

Form Preview

Sister Margaret Y Winning Scholarship 2026

Overview

The Australian College of Nursing Foundation (ACN Foundation), sponsored by Perpetual Private is delighted to offer a scholarship to an ACN member or fellow currently enrolled or intending to enrol in a postgraduate nursing education program at Queensland University of Technology. Must be an ACN member or fellow for at least the past three years or more.

Applications close **11:59 pm AEDT, Sunday, 18 October 2026.**

Number of scholarships: 1

Value of scholarship: \$10,000

If you require further information or require assistance to complete your application form, please contact the Scholarships Team.

Phone: 1800 061 660 (charges may apply)

Email: scholarships@acn.edu.au

Frequently asked questions

How do I navigate through the application?

Use the menu on the left to move through the questions.

Do I have to complete the application in one sitting?

No, you are able to save information entered in the application and return to it without submitting it. Just remember to keep a record of your username and password.

How do I save the information I have already entered?

Clicking on the menu or 'save and continue' button will save your information.

What does the asterisk (*) mean?

Questions with an asterisk must be completed.

Are late applications accepted?

No, applications must be submitted before 11:59 pm Sunday 18 October 2026. After this time, applications will no longer be available.

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Am I able to make any changes once I have submitted my application?

No, you cannot make any changes once an application is submitted. If your contact details change prior to notification, please email the new details to the Scholarships Team at scholarships@acn.edu.au.

When will I be notified if I am successful?

You will be advised the outcome of your application by end of November 2026.

What documents do I need to supply?

If your application is successful, you will be required to provide certain documents. Further information on what documents will be required is provided in the application guidelines.

IMPORTANT INFORMATION

Only the information you provide in this application will be considered.

You must answer all questions in the application as incomplete applications will not be considered for selection.

This application is to apply for a scholarship only. This is not an application for admission to an educational institution.

Guidelines

Eligibility criteria

To be eligible for the Sister Margaret Y Winning Scholarship, applicants must:

- Be Australian citizenship or permanent resident in Australia.
- Hold current registration as a Registered Nurse with the Australian Health Practitioner Regulation Agency (AHPRA).
- Be a current ACN member or fellow for the past 3 years or more.
- Pursue postgraduate community nursing studies at Queensland University of Technology (QUT) in 2027.
- Not have received an ACN scholarship within the last two years.

Selection criteria

The scholarship will be awarded to the applicant who can best demonstrate that the proposed study will both add to the body of knowledge on nursing roles and has the potential to improve patient care/outcomes.

Documents required

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- Proof of Australian citizenship or permanent resident of Australia (birth certificate, passport, VEVO or visa papers).
- Current CV (If you are undertaking a research program the CV should also include refereed publications and scholarly activities (including conference presentations, indicating if refereed) for the past 3 years in reverse chronological order).
- Current AHPRA nurse registration.
- Confirmation of current course enrolment (if applicable) - this must confirm your full name, course name and subject/s currently enrolled.
- Two nursing referees are required (one should preferably be your current employer). The ACN review committee may contact these referees as part of the assessment process for the scholarships

Successful recipient requirements

Each successful recipient will be required to:

- Undertake and complete the approved course or program.
- Meet all attendance, participation and assessment requirements associated with the selected program.
- Provide a written report to the ACN Foundation at the conclusion of your certificate or program outlining how the scholarship has impacted on your professional development and how the program benefited your workplace or community.

Selection questions

1. Provide a brief description of the course, or research that you intend to undertake at Queensland University of Technology.
2. Briefly outline how the results of your research will contribute to the body of scholarly nursing knowledge. Outline how the scholarship will assist you to complete the research.
3. Describe how undertaking this course will benefit your nursing practice, your longer-term goals and those for whom you care.
4. If successful, how will your study add to the body of nursing knowledge on the subject or improve patient care and patient outcomes?

Personal details

* indicates a required field

Applicant *

Title	First Name	Last Name

Applicant Middle name

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Applicant Previous Family name

Date of birth *

Must be a date.

Gender

If other:

Eligibility check

* indicates a required field

Disclaimer

If you answer no to the Citizenship / Residency and AHPRA questions on this page - you are NOT eligible for this scholarship. You will not be able to submit this form. Please note: If successful you will be required to provide evidence time of accepting.

Citizenship / Residency

Are you an Australian citizen or permanent resident of Australia *

☐ Yes

☐ No

Please upload your proof of Australian citizenship or permanent residency of Australia (birth certificate, passport, VEVO or visa papers) *

Attach a file:

Study and Scholarship History

Do you intend to pursue postgraduate community nursing studies at Queensland University of Technology (QUT) in 2027? *

☐ Yes

☐ No

Have you received an ACN scholarship within the last two years? *

☐ Yes

☐ No

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Membership

Are you a current ACN member or fellow for the past 3 years or more? *

☐ Yes ☐ No

ACN Membership Number: *

AHPRA

(Registration numbers can be accessed from the [AHPRA website](#))

Are you currently registered with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse? *

☐ Yes ☐ No

AHPRA Registration Number: (Should start with NMW followed by 10 numbers) *

Must be equal to 13 characters.

Please upload your AHPRA Registration. *

Attach a file:

IMPORTANT INFORMATION

If you have passed the eligibility questions, the next page (Ineligibility page) will have (Not Applicable). Please click 'Next Page' at the bottom of the page and continue on.

Ineligibility

* indicates a required field

Unfortunately your answer to the last question makes you ineligible for this scholarship. If you disagree or have any concerns please contact the Scholarships Team scholarships@acn.edu.au. *

Contact details

* indicates a required field

Address *

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Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Preferred Contact Phone Number *

Must be an Australian phone number.

Alternate Phone Number

Must be an Australian phone number.

Preferred Contact Email *

Must be an email address.

Alternate Email

Must be an email address.

Please note:

It is the responsibility of all applicants to ensure that their contact details are correct, and that it is possible for ACN to contact them if required. If you change your postal address or preferred email address, please email the Scholarships Team at scholarships@acn.edu.au. ACN uses email as its main form of communication therefore all applicants are required to supply an email address that is checked on a regular basis. If there is a need to speak with you, this will be during standard business hours (9am to 5pm, Monday to Friday, Sydney/Canberra time). The contact details provided on this application will be used for notification. Notification of the outcome of your application is expected by end of June 2026. ACN will make all reasonable attempts to contact you.

Current employment

* indicates a required field

Who is your current employer? *

What is your work area? *

What is your role? *

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Workplace Phone Number *

Must be an Australian phone number.

Workplace Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Workplace Email *

Must be an email address.

Workplace Website

Must be a URL.

Referees

The names of two nursing referees are required (one should preferably be your current employer). The ACN review committee may contact these referees as part of the assessment process for the scholarships.

Referee 1 *

Title First Name Last Name

Referee 1 Current Employer and Position *

Referee 1 Relationship to you *

Referee 1 Preferred Contact Phone Number *

Must be an Australian phone number.

Referee 1 Preferred Email *

Must be an email address.

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Referee 2 *

Title	First Name	Last Name

Referee 2 Current Employer and Position *

Referee 2 Relationship to you *

Referee 2 Preferred Contact Phone Number *

Must be an Australian phone number.

Referee 2 Preferred Email *

Must be an email address.

Selection criteria

* indicates a required field

ACN recommends you:

- Prepare your response in another document and cut and paste into the boxes below.
- Double check that you have pasted the correct response to the relevant selection question before you submit your application.
- Save your responses at regular intervals as this page will refresh after 30 minutes and your responses may be lost. If this page refreshes and your responses have been lost, ACN **cannot** retrieve this information.

1. Provide a brief description of the course, or research that you intend to undertake at Queensland University of Technology. (Maximum 300 words) *

Word count:

Must be no more than 300 words.

2. Briefly outline how the results of your research will contribute to the body of scholarly nursing knowledge. Outline how the scholarship will assist you to complete the research. (Maximum 300 words) *

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Word count:

Must be no more than 300 words.

3. Describe how undertaking this course will benefit your nursing practice, your longer-term goals and those for whom you care. (Maximum 300 words) *

Word count:

Must be no more than 300 words.

4. If successful, how will your study add to the body of nursing knowledge on the subject or improve patient care and patient outcomes? (maximum 300 words) *

Word count:

Must be no more than 300 words.

Please upload your CV. *

Attach a file:

CV is your resume.

Please upload your confirmation of current course enrolment (if applicable).

Attach a file:

This must confirm your full name, course name and subject/s currently enrolled.

Marketing information

*** indicates a required field**

How did you hear about this scholarship? *

- | | |
|--|--|
| ☐ ACN eNewsletter | ☐ LinkedIn |
| ☐ ACN National Nurses Breakfast | ☐ neo |
| ☐ ACN website | ☐ Nurseclick blog |
| ☐ CNnect | ☐ Nursing & Health Expo |
| ☐ E-flyer | ☐ Professional network/organisation |
| ☐ Education provider | ☐ School |
| ☐ Education institution | ☐ The Hive |
| ☐ Email from ACN | ☐ Tik-Tock |

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- | | |
|--|--|
| ☐ Employer | ☐ Twitter |
| ☐ Facebook | ☐ University |
| ☐ Flyer | ☐ Website |
| ☐ Friend/relative | ☐ Workplace |
| ☐ Instagram | ☐ Workplace colleague |

At least 1 choice and no more than 3 choices may be selected.
(Please select a maximum of three options)

Declaration

* indicates a required field

The Declaration is legally binding and indicates that you have, to the best of your knowledge, provided true and correct information. There are penalties for knowingly giving false or misleading information. This declaration **must** be completed. I, the applicant declare that:

The information provided in this application form is true, accurate, and complete to the best of my knowledge and belief. *

- ☐ Yes ☐ No

The responses to the selection questions have been completed by myself. *

- ☐ Yes ☐ No

I understand that:

The information on this form is collected for the purpose of assessing eligibility and selection for this scholarship. *

- ☐ Yes ☐ No

The information on this form may be used for the purposes of obtaining aggregated information about the scholarship program and that any information gathered for this purpose will not identify me in any way. Personal Information may be disclosed to the Commonwealth or a subsequent Administrator for the purposes of administering the scholarship. *

- ☐ Yes ☐ No

I will be required to accept the Terms and Conditions of the scholarship if my application is successful. *

- ☐ Yes ☐ No

I have read and understood the ACN Privacy Collection Notice. *

- ☐ Yes

Read the [ACN Privacy Collection Notice](#).

Lodgement

Before you submit your application:

- Ensure you have entered your correct email address. A confirmation email will be sent to this address. Please check your junk or spam emails as it may be delivered there. If you do not receive an email confirmation within 24 hours contact the Scholarships Team on 1800 061 660 or scholarships@acn.edu.au.
- Review your application before you submit as **no changes** can be made once this button has been pressed.
- If you are using a Hotmail, Windows live or MSN email address, please add scholarships@acn.edu.au to your safe senders list. This is to ensure you receive your submitted application email.

Once you have submitted your application you will be able to print a copy for your records. You can then review your application by going to 'Preview' on the top right-hand corner.