

**Appendix A**  
**NURSE PROFESSIONAL FUND SCHOLARSHIP APPLICATION**

**PRE-LICENSURE: LPN, ADN, BSN AND RN Completion to BSN**

**DO NOT MODIFY FORM / FORM MUST BE FILLED OUT COMPLETELY**

I, \_\_\_\_\_, understand that I have been nominated for the Nursing Scholarship and I affirm my wish to be considered. I acknowledge and will abide by the conditions and requirements contained herein to merit the awarding of this scholarship.

I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Legal name in full \_\_\_\_\_ Sex: M F  
(Print/Type) Last Name First Name M.I. (Optional)

Race: \_\_\_\_\_  
(Optional)

Permanent residence \_\_\_\_\_  
Number, Street, and Apartment Number  
\_\_\_\_\_  
City State ZIP

Employment Address \_\_\_\_\_  
(If applicable) Institution /Facility Street  
\_\_\_\_\_  
City State ZIP

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ E-mail: \_\_\_\_\_

Present position/title: \_\_\_\_\_  
(If applicable)

Name of nominating institution \_\_\_\_\_

Current cumulative GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

Undergraduate major \_\_\_\_\_

Number of credits earned to date \_\_\_\_\_ Number for degree \_\_\_\_\_

I agree to work in the following under served county \_\_\_\_\_.  
(For RN the entire state is considered under served)

