

# NACN-USA Scholarship Application

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

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

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parish \_\_\_\_\_

Name of NACN-USA Member \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Current Nursing Education - Indicate the name and address of school, college or university and degree program in which you have been accepted or in which you are enrolled.

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## **For entry level students:**

On attached sheet please summarize briefly your reasons for applying for this scholarship. Include your goals in nursing.

Two letters of reference are required. If you are already attending a nursing program one reference letter should be from your Advisor or a Faculty member attesting to your progress in your education program. These references may accompany your application.

## **For licensed nursing applicants:**

In applying for a partial scholarship enclose a letter stating your goals, the cost of the program and one letter of reference.

For your information: the awards committee meets in March. You will be notified in early April.