ANNOUNCING: PRO-LIFE SCHOLARSHIP AWARD

For NURSING STUDENTS

The National Association of Pro-Life Nurses is awarding a $1,000 scholarship to a pro- life student enrolled in a nursing school. It will be paid directly to the school in which the applicant is enrolled. The scholarship may be used for tuition, books, and/or supplies.

ELIGIBILITY

Any student currently enrolled in an accredited school of nursing in the United States in the fall, winter or spring of the Aug/Sept 2019-May/June 2020 school year, including full time or part time.

SELECTION

Selection criteria includes student’s essay, academic achievements, and demonstration of leadership and participation in pro-life activities. Applications and essays will be judged by a panel appointed by the board of directors. Winning essay will be printed in the NAPN newsletter, PulseLine.

REQUIREMENTS

The application must be completed and returned to the NAPN by February 15, 2020.

Mailing address: NAPN Scholarship, 4420 21st St., Mandan ND 58554.

INCLUDE:

1) A letter of recommendation regarding the student’s pro-life leadership and/or participation, academic performance and commitment to excellence in nursing.

2) A typed essay consisting of 200 to 300 words in response to the following: “What Nurses Can Do to Promote A Positive Respect for Life.”

NAPN reserves the right not to award a scholarship in the event none of the entrants meet the criteria.

APPLICATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zipcode\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zipcode\_\_\_

Pro-life activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that this information is true, complete, and accurate. I authorize the release of this information to confirm and/or verify this application.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_