**ANNOUNCING: The Marianne Linane PRO-LIFE SCHOLARSHIP AWARD**

**FOR NURSING STUDENTS**

**THE AWARD**

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 2020-May/June 2021 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, 2021.

Mailing address: **NAPN Scholarship, c/o Dorothy Kane, Chairman, 1233 Oakbrook Ave. Chatham, IL 62629-9628**.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_