

Judith S. Menz, RN, MSN, CS-FNP
Scholarship Committee
123 Smith St.
Sikeston, MO 63801
573-471-7550

RE: HAPNN Advanced Practice Scholarship

Dear Nursing Faculty:

Heartland Advanced Practice Nursing Network (HAPNN) annually awards two (2), \$1000.00 nursing scholarships to graduate nursing students and post graduate students. Enclosed is the scholarship application, which can be duplicated. The deadline for applications to be sent is March 31. Please send completed applications to the above address. The scholarship will be awarded at the May HAPNN meeting.

If you have any questions, please call or leave a message at 573-471-7550 for either committee member.

Thank you.

HAPNN Scholarship Committee

Judy Menz & Margaret Dicus

HAPNN
(Heartland Advanced Practice Nurses Network)
SCHOLARSHIP APPLICATION

GUIDELINES FOR SCHOLARSHIP APPLICATION:

A. ELIGIBILITY

Consideration will be given to all applicants who meet the following criteria without regard to race, color, creed, nation origin, ancestry, age, handicap or veteran status.

B. FORMAL APPLICATION AND REQUIRED DOCUMENTS:

ALL OF THE FOLLOWING MUST BE SUBMITTED TO HAPNN NO LATER THAN MARCH 31.

1. Completed application form.
2. Proof of current enrollment in an accredited MSN program, second certification NP program or Doctoral Program.
3. Letter of recommendation from educator.
4. List of three character references from an individual know for a minimum of three years and who is not related to the applicant.
5. Has not previously received this scholarship.

C. SELECTIONS

The selection of scholarship recipients will be based on the applicant's history of achievement, commitment of fulfillment of goals, and to the nursing profession. Financial need will be taken into consideration. All components of the application process must be complete to be eligible for scholarship. The Scholarship applicants will be notified by the committee's decision.

D. RETURN ALL REQUIRED DOCUMENTS TO:

JUDITH S. MENZ, RN, MSN, BC-FNP, PNP or
MARGARET DICUS, RN, MSN, BC-FNP, PNP
SCHOLARSHIP COMMITTEE
123 Smith Street, Sikeston, MO 63801
573-471-7550

Revised: 10/14/2019

HAPNN
(Heartland Advanced Practice Nurses Network)
SCHOLARSHIP APPLICATION

Briefly explain why you have chosen to pursue an APN. _____

Give any pertinent information you feel may be helpful in considering your application (unusual circumstances, outstanding achievements, financial need, etc. including how you could use this scholarship for your education.

The facts set forth in this application are true and complete. False statements, answers or omissions shall be sufficient cause for non-consideration for the scholarship. Furthermore, should the information provided in this application be found to be false, subsequent to receipt of the scholarship funds, I agree to reimburse the organization within 30 days of notification. I hereby authorize HAPNN, without liability, the information contained herein.

Signed _____ Date _____

HAPNN
(Heartland Advanced Practice Nurses Network)
SCHOLARSHIP APPLICATION

FACULTY RECOMMENDATION:

Please verify that _____

Is a student in good standing in an accredited MSN, CNS, or DNP program.

I would recommend this student to receive a scholarship from HAPNN.

Signature

Date

Print name

***Please mail to HAPNN, P.O. Box 806, Cape Girardeau, MO. 63701.