**Heartland Advanced Practice Nurses Network (HAPNN) Scholarship Application**

**Purpose:** To provide financial assistance to a current student pursuing an advanced practice nursing degree.

**Requirements for the scholarship applicant**

* Current member of HAPNN
* Complete a grant application form
* Provide evidence of enrollment in APRN program
* Applicant must meet the following minimum requirements:
* Must have attended a minimum of two meetings at time of application
* Must attend a minimum of four additional meetings within the 12 months following receipt of the scholarship
* The HAPNN executive committee, comprised of current officers, will make all final decisions regarding the awarding of grants

1. Provide your contact information including name with professional designation, email, phone number, and mailing address
2. School are you currently attending
3. Briefly explain why you have chosen to become an APRN
4. List any pertinent information you feel may be helpful considering your application (unusual circumstances, outstanding achievements, financial need, etc. Include how you would use the scholarship for your education.

Please sign below stating that you indicate the facts you stated in the above application are true and complete. False statements, answers, or omissions shall be sufficient cause for non-consideration for the application.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email your completed application to ginalkoch@gmail.com, Scholarship/Grant Committee Member, HAPNN, or submit in person.