**HAPNN**

(Heartland Advanced Practice Nurses Network)

**SCHOLARSHIP APPLICATION**

GUIDELINES FOR SCHOLARSHIP APPLICATION:

A. ELIGIBILITY

1. 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.
2. Applicant has not previously received this scholarship.

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 (if attended school within the last year).
4. List of three character references from an individual known for a minimum of three years and who is not related to the applicant.

C. PERSONAL INTERVIEW

The scholarship committee may request a personal interview with applicants at the committee's discretion

D. 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 completed to be eligible for scholarship. The scholarship applicants will be notified by the committee's decision.

E. RETURN ALL REQUIRED DOCUMENTS TO:

JUDITH S. MENZ, RN, MSN, CSFNP/PNP

SCHOLARSHIP COMMITTEE

123 Smith Street, Sikeston, MO 63801

573471-7550

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(Heartland Advanced Practice Nurses Network)

**SCHOLARSHIP APPLICATION**

Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_

Status (parttime/fulltime)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain why you have chosen to become an APN. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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The facts set forth in this application are true and complete. False statements, answers or omissions shall be sufficient cause for nonconsideration 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 t he organization within 30 days of notification. I hereby authorize HAPNN, without liability, the information contained herein.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_