



**Nursing Student Sponsorship Application:**

Name (Must match passport) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a passport and/or applying? \_\_\_\_\_

Will this be your first mission trip? If no, where have you traveled and what was the cause?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about The Emily Ndaba Sponsorship through Nurses with Purpose?

\_\_\_\_\_

\_\_\_\_\_

**Student Information:**

Are you currently enrolled in a nursing program? Yes \_\_\_\_\_ Applying \_\_\_\_\_ No \_\_\_\_\_

What nursing program are you enrolled in? \_\_\_\_\_

Have you completed Fundamentals of Nursing/ At least 1 clinical rotation? \_\_\_\_\_

When was this course completed? \_\_\_\_\_

Are you on a waiting list? What is your projected start date? \_\_\_\_\_

List any special accolades, volunteer programs, or academic associations that you are a part of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



List ALL allergies in categories of Food / Medical / Environmental

---

---

---

Please list any serious illness, injury, history of seizures, respiratory conditions or aliment that we may need to be aware of (this does not effect consideration)

---

---

Are you presently on medication and/or require medication for life sustaining treatment? If so, please list.

---

---

---

In case of emergent care, you allow NWP to seek medical attention for you at the nearest hospital \_\_\_\_\_ (Yes/No)

Do you have medical insurance? \_\_\_\_\_ Travel insurance? \_\_\_\_\_

You are aware and can sustain a 16+ hour flight? \_\_\_\_\_

**Answer YES/NO:**

You understand that this medical mission trip is a volunteer enrichment program \_\_\_\_\_

You understand that this medical mission trip is voluntary and not a paid position \_\_\_\_\_

You understand that there is a selection process \_\_\_\_\_

You understand that upon submission of the application it is NOT guaranteed that you will be selected based on interview, screening, and references \_\_\_\_\_

**Reference:**

List 2 work related references, with name, position, number, email:

1. \_\_\_\_\_

---

2. \_\_\_\_\_

---

**In addition to the about references you must include a letter of recommendation/nomination letter attached or your application will be considered incomplete.**

**Emergency Contact:** Name, number, relation

---

**Attestation Statement:** By electronically signing this application, I attest that the information is by me, and true and correct.

Print / Sign /: \_\_\_\_\_

Date: \_\_\_\_\_

**Upon completion, please email to:**

[ealston@nurseswithpurpose.com](mailto:ealston@nurseswithpurpose.com)

Thank you for being a Nurse with Purpose!