



East Holly Avenue, Box 56 Pitman, New Jersey 08071-0056
(856)256-2343 FAX (856)589-7463

FNRE SCHOLARSHIP APPLICATION

Scholarship you are seeking: _____ Neonatal Nurse Practitioner _____ BSN
_____ Clinical Nurse Specialist _____ MA
_____ Nursing Management _____ Doctoral

Personal Information (Please type or print clearly)

A. Full Legal Name: _____
Last Name First Middle

List any other names on your records: _____

Social Security Number: _____ Credentials: _____

B. Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

FAX: _____ Email: _____

C. Current professional memberships: _____ Expiration: _____

D. Professional license – Number: _____ State: _____

E. How did you hear about this scholarship? _____

College and University or Other School Information (List all college, universities or schools of nursing attended and provide official transcripts)

<u>Name of Institution</u>	<u>City and State</u>	<u>Entrance Date</u>	<u>Degree/Diploma Earned & Date</u>

Academic Information

Full time: _____ Part Time: _____ Expected Graduation: _____ GPA: _____

F. Reasons for scholarship application: (additional sheets may be used)

G. The following optional information is not used in the selection decision

Birth date: _____ Female: _____ Male: _____

Citizenship: USA _____ Other: _____ Type of Visa? _____

Ethnicity: African/American _____ Hispanic _____
American Indian or Alaskan Native _____ Asian or Pacific Islander _____
Caucasian/White _____ Other _____

I hereby certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection.

Signature: _____ Date: _____

Print Name: _____

FNRE SCHOLARSHIP APPLICATION CHECK LIST

- _____ Application
- _____ Resume or curriculum vitae
- _____ Enrollment or verification letter
- _____ Statement addressing how you will contribute to advanced practice
- _____ 3 Evaluations
- _____ Transcripts