



NAPNAP Foundation 20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634 P.856-857-9700 F. 856-857-1600

**NAPNAP FOUNDATION RURAL & UNDERSERVED SCHOLARSHIP
APPLICATION CHECKLIST**

(Please return this form with your application.)

- _____ Application form with all sections completed
- _____ Documentation of RN license
- _____ Documentation of acceptance into a PNP program signed by faculty coordinating the program
- _____ PNP program brochure with designated plan of study highlighted
- _____ Documentation of the length of the clinical coursework
- _____ Documentation of tuition and fees
- _____ Other attachments
Please number and list: _____

_____ **FIVE (5) COPIES OF THE APPLICATION & ACCOMPANYING MATERIALS** should be mailed to the address above. Due to the number of copies required, *applications cannot be accepted via Internet or Facsimile.*



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**NAPNAP FOUNDATION RURAL & UNDERSERVED
SCHOLARSHIP APPLICATION**

1. APPLICANT'S NAME: _____

2 HOME ADDRESS: _____

STREET

CITY

STATE

ZIP

AREA CODE

TELEPHONE NUMBER

EMAIL

3. RN LICENSE #/STATE (ATTACH COPY): _____

4. PNP PROGRAM INFORMATION: ATTACH LETTER OF ACCEPTANCE SIGNED BY THE FACULTY WHO COORDINATES THE PNP PROGRAM. A LETTER OF ACCEPTANCE BY THE REGISTRAR OF STUDENTS IS **NOT** ACCEPTABLE.

Name of Program: _____

Type of Program: Master's _____ Post-Master's _____

Date course work begins: _____ Total length of the graduate program: _____

Length of clinical PNP coursework on a full-time basis (include credit hours and semesters or quarters): _____

_____ Semester Units _____ Quarter Units

Is summer study required: _____ Yes _____ No

5. EDUCATION BACKGROUND:

<u>School</u>	<u>Date of Completion</u>	<u>Degree (If Applicable)</u>

Undergraduate cumulative grade point average: _____

6. PROFESSIONAL EMPLOYMENT: Please list current employer first and include all employment inclusive of the last 10 years.

<u>Employer</u>	<u>Position</u>	<u>Date of Employment</u>

7. COMMUNITY SERVICE ACTIVITY:

8. PROFESSIONAL ASSOCIATION MEMBERSHIP: List membership, offices held, committees served, etc.

9. PERSONAL GOALS: Please answer the following questions on separate page.

A. Why do you want to become a PNP? _____

B. What are your future professional plans with regard to certification, continuing education, and affiliation with professional organizations? _____

C. Describe the rural or underserved setting that you plan to work in. _____

10. **PROJECTED EXPENSES FOR PERIOD OF ENROLLMENT IN PNP COURSEWORK:** Please note that all requested information must be submitted even if it is zero. If any item needs further explanation, use an additional piece of paper.

A. TUITION & FEES

Tuition

Per semester/quarter: _____

Per academic year: _____

Summer session: _____

Student Fees

Per semester/quarter: _____

Per academic year: _____

Summer session: _____

TOTAL TUITION & FEES FOR COURSEWORK: _____

B. BOOKS & EQUIPMENT

Books (course work only): _____

Equipment required for practice: _____

Please itemize:

TOTAL FOR BOOKS & EQUIPMENT: _____

C. PERSONAL LIVING EXPENSES

These expenses are for the applicant only, not total family expenses. If you live with others (family, friends), itemize only your share of the expenses. If you must live away from home by yourself, these expenses should be projected. These expenses should be projected *per month* and multiplied by the total months necessary to complete the program.

1. Room & Board (if living on campus in a dormitory) _____

2. Rent _____

3. Food _____

4. Utilities _____

5. Day care (if needed only in the event of your attending the program) _____

6. Medical & Dental insurance if not paid by your employer or included as part of spouse's coverage _____

TOTAL LIVING EXPENSES FOR THE PROGRAM: _____

D. TRANSPORTATION

Include if required as part of your clinical assignment. Do not include transportation to and from the University unless you are commuting over 100 miles round trip.

of miles/month _____ X program length (in months) _____ X \$.55 mile _____

TOTAL TRANSPORTATION COSTS: _____

E. OTHER EXPENSES

Please be specific & itemize: _____

TOTAL OTHER EXPENSES: _____

TOTAL EXPENSES FOR PROGRAM: _____

11. PROJECTED RESOURCES

These expenses are to cover the time during which you will be enrolled in course work. Please project amounts if not already enrolled in a program.

- A. Net (take-home) income for self. _____
- B. Net income: spouse, parents, others contributing to your support _____
- C. Savings & Investments: total family resources which are available _____
to be used for your education
- D. Anticipated stipend, scholarships, or traineeships: This includes _____
the one awarded from the DHHS (Federal Advanced Nursing Traineeship)
- E. Paid leave of absence, reimbursement of tuition from employer _____

TOTAL PROJECTED RESOURCES: _____

12. How will you finance the additional expenses of the program that are not covered by the scholarship?
