

NAPNAP-LA Scholarship Application Form

***Eligibility Criteria: To be eligible for this scholarship, you must have ALL of the following qualifications:
1) Be a member of National NAPNAP and a member of NAPNAP-LA, and 2) Be a Pediatric Nurse Practitioner student or Pediatric Nurse Practitioner enrolled in a Master's or PhD/doctoral degree program.**

Applicant Information

Full Name:

Today's Date:

Date of Birth: [Click here to enter text.](#)

SSN:

Current address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email address:

Employment Information

Current employer:

Work Phone:

Employer address:

Position:

City:

State:

ZIP Code:

Nursing Education Information

University/College:

Degree:

Address:

City:

State:

ZIP Code:

Date Began:

Date Completed:

Graduate Program:

Degree/Specialty:

Address:

City:

State:

ZIP Code:

Date Began :

Date Completed:

If applicable, Anticipated Completion Date:

Other:

Degree/Specialty:

Address:

City:

State:

ZIP Code:

Date Began:

Date Completed:

If applicable, Anticipated Completion Date:

Professional Status

California RN License Number:

Expiration Date:

California NP Certification Number:

Expiration Date:

PNP Certification Number:

Type (i.e. PNCB, ANCC, etc.):

Expiration Date:

Other License/Certification:

Type:

Expiration Date:

Other License/Certification:

Type:

Expiration Date:

Professional Memberships

National NAPNAP Member Number:

Are you a member of the Los Angeles Chapter of NAPNAP?

Other Memberships:

PERSONAL STATEMENT

***On a separate sheet of paper and type written, please write a professional profile (one page limit) which includes your educational goal and how the funds will be used to further your educational endeavor.**