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| 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:  |  |
| 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. |