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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. | | | | | | | | | |