



National Association of Licensed Practical Nurses,
Education Foundation
3801 Lake Boone Trail, Ste 190, Raleigh, NC 27612

SCHOLARSHIP APPLICATION
(2017-2018 School Year)

Check scholarship Type: ___ PN student ___ LPN member certification

1. PERSONAL DATA

Name (Last, First, MI): _____

Permanent Address: _____

E-mail Address: _____

Home Telephone Number: _____

Date of Birth _____

Name of Parent/Guardian: _____

II. EDUCATIONAL DATA

Current High School or College: _____

School attending in the Fall: _____

High School or College Counselor: _____

Anticipated Date of Graduation: _____

Accumulated Grade Point Average (GPA) on a 4.0 scale _____

III. FINANCIAL INFORMATION

Are you employed? _____ Yes _____ No

If yes, please describe your employment on an attached sheet of paper, place of employment, job title, and hours worked each week.

Have you applied for or do you receive financial assistance? ___ Yes ___ No

Please describe financial aid for which you are being considered, financial aid that you have been promised, and/or aid that you already receive.

IV. SPECIAL ACHIEVEMENTS, HONORS, AWARDS, and RECOGNITION

Attach on a separate sheet, honors, awards, and recognition(s) received and the dates.

V. COMMUNITY SERVICE ACTIVITIES, HOBBIES, INTERESTS,
EXTRACURRICULAR ACTIVITIES

Attach on a separate sheet to respond.

VI. CERTIFICATION

By your signature below, you are affirming that all information you have provided is true and complete to the best of your knowledge.

Applicant's Signature

Date