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| Program Description | Scholarships are available to current CFANPC members each year who are currently enrolled in/ have completed at least one semester of a graduate school APN program. Applicants must be licensed as RNs. Scholarships are for $1,000. Only completed applications will be reviewed.  |
| Eligible Disciplines | * Master’s in Nursing – any APN track
* Doctor of Nursing Practice
* PhD in Nursing or related field
 |
| Eligibility Requirements | * Must be a current paid member of CFANPC
* Must have completed at least one semester of program
* Must submit a completed application received between August 1st and October 15th.
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| Supporting Documents | * Copy of APN program of study
* Copy of most recent transcript
* Current CV/Resume
* Current letter of recommendation (Professional or Scholarly)
* Personal statement
 |
| Website and Contact Information | <https://cfanpc.enpnetwork.com> Contact Angela Young, ARNP with questions at EMAIL address: **angelayoungARNP@gmail.com** |

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| **CFANPC Scholarship Application Checklist** |
|  | * Paid Membership
 |
|  | * Copy of APN program of study
 |
|  | * Copy of most recent transcript
 |
|  | * Current CV/Resume
 |
|  | * Current letter of recommendation (Professional or Scholarly)
 |
|  | * Essay
 |
|  | * Completed Application
 |
|  | * Submitted between August 1st and October 15th 2017
 |

(**Download available under News & Announcements tab**)

INFORMATION: (Please include checklist and required items with application)

1. APPLICANT'S NAME:

2. HOME ADDRESS:

3. PHONE:

4. E-MAIL ADDRESS:

5. RN LICENSE NUMBER AND STATE:

6. APN PROGRAM INFORMATION:

* Name of current program:
* Type of program and degree sought:
* Expected graduation date:
* Current graduate grade point average:
* Name and Phone number or Email of program Director:

7. MEMBERSHIP:

Are you a current CFANPC member? \_\_\_\_\_

(Applicants must be a member to apply for this scholarship. See website for membership information.)

8. EDUCATIONAL BACKGROUND:

* College/University:
* Degree:
* Date of Completion:

9. PROFESSIONAL EMPLOYMENT: (Include only past 5 years)

* Employer:
* Position:
* Dates of Employment:

10. COMMUNITY / VOLUNTEER SERVICE ACTIVITY: (include dates)

11. PROFESSIONAL ASSOCIATIONS AND OFFICES HELD: (include dates)

ESSAY: Why did you want to become an Advanced Practice Nurse? Discuss your journey. (Limit to 500 words or less)

Mail application to: Angela Young, ARNP 1028 Manigan Avenue Oviedo, FL 32765

Email questions to: angelayoungARNP@gmail.com