CAPN Nursing Scholarship Application

Tallahassee Area Council of Advanced Practice Nurses (C.A.P.N.) is proud to award scholarships to two deserving Advanced Practice Students.

**Criteria:**

* Must be enrolled at an accredited Advanced Practice Nursing Program and have completed a minimum of 12 hours. Must currently maintain a “B” (3.0) average and be in good academic standing

* Must reside or work in Leon or surrounding counties (Wakulla, Gadsden, Jefferson, Liberty)
* Must plan to utilize funds received for educational expenses, including, but not limted to, tuition, books, clinical supplies
* Applicant **cannot** be related in familial or financial capacity to CAPN scholarship committee OR judging committee. Applications will be discarded and student will be notified if conflict present
* CAPN membership recommended
	+ One scholarship is **ONLY** for CAPN members, however, the second scholarship **IS OPEN** to non-members as well.

**How to Apply:**

1. Complete Scholarship Application Form
2. Complete an essay addressing **ONE** of these following topics in no more than 500 words:
	1. How do you plan to use your advanced practice degree to promote the health and wellness of our community?
	2. If pursuing a Doctorate of Nursing Practice degree, please describe your Capstone project. How do you believe this will positively impact patient care and nursing practice?
	3. If pursuing a PHD or other Advanced Practice degree, please describe any research that you have performed or have a professional interest in pursuing in your practice.

-**Application Form and Essay are due to C.A.P.N by October 1st, 2020**

* By Mail (CAPN Scholarship Committee PO Box 15892 Tallahassee FL, 32317
* By Email Capntally@gmail.com, subject line “Scholarship Fall, 2020).

Winners will be selected based upon merit and strength of application by independent panel of C.A.P.N members. Our 2 winners will be announced on November 9th on CAPN website (Capntally.enpnetwork.com) and will be honored at November 2020 Board Dinner Meeting.

C.A.P.N Scholarship Application Form (Fall 2020)

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| **Name** |  |  |
| **License Number** |   |   |
| **Mailing Address** |   |   |
| **Telephone Number**  |   |   |
| **Email Address** |   |   |
| **Degree Sought (MSN, DNP, CNS, Midwifery, CRNA, or PHD)** |   |   |
| **Estimated Graduation Date** |   |   |

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Name:                    Signature:                       Date: