CAPN Nursing Scholarship Application

The Tallahassee Area Council of Advanced Practice Nurses (CAPN) is proud to award a $500 scholarship to two deserving students!

**Criteria:**

* Must be enrolled in an accredited APRN or PHD in nursing & have completed a minimum of 12 graduate credit hours.
* Must currently maintain a “B” (3.0 GPA) and be in good academic standing
* Must reside or work in Leon or surrounding counties
* Must plan to utilize funds received for educational expenses, including, but not limited to, tuition, books, clinical supplies etc.,
* CAPN membership recommended
  + One scholarship is **ONLY** for CAPN members, however, the second scholarship **IS OPEN** to non-members as well.

\*\*\*\* Applicant **cannot** be related in familial or financial capacity to CAPN scholarship committee OR judging committee. If conflict present, application will be discarded and student will be notified.

**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 performing. How will this research promote the health and wellness of our community?
3. Please include current Curriculum Vitae (CV) AND current unofficial transcript of graduate level academic performance

**Application Form and Essay are due October 25, 2021**

* By Mail
  + CAPN Scholarship Committee PO Box 15892 Tallahassee FL, 32317
* By Email
  + [Capntally@gmail.com](mailto:Capntally@gmail.com), subject line “Scholarship Application Fall 2021”

(Winners will be selected based upon merit and strength of application by an independent panel of CAPN members. Our 2 winners will be announced during Nurse Practitioner Week on CAPN website (Capntally.enpnetwork.com) and will be honored at 11/11/2021 Board Dinner Meeting)

CAPN Scholarship Application Form (Fall 2021)

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| --- | --- |
| Name |  |
| License # |  |
| Telephone/Email |  |
| School/APN Program Track |  |
| Credit hours completed |  |
| GPA |  |
| Place of employment (if available) |  |
| County of residence |  |

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Name:                    Signature:                       Date:       