Nurse Practitioner Group of Spokane

Carol Rudy Scholarship Award Application

Eligibility requirements:

1. Current NPGS student member (must be a member of NPGS) Please attach a copy of your membership card.
2. Currently enrolled in a Spokane area nurse practitioner program

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Practitioner Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses and credits you have completed (you have been assigned a grade for the course):

Courses you are currently enrolled in this semester/quarter:

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Please attach your current transcript. (It does not need to be an official transcript, but an official transcript will be required before scholarship funds are awarded.)

Please answer the following questions. Your answers should not exceed 500 words.

1. What does this scholarship mean to you? Please explain why this scholarship is important to you and how it will assist you in achieving your professional goals.

2. Personal Statement. Why did you choose nursing as your career? What led you to become a nurse practitioner?

3. Future Plans. What are your professional goals as a nurse practitioner? What do you plan to contribute to the nurse practitioner profession? How will the Spokane region benefit from your plans?

**Application Deadline: March 1, 2025, by 7 pm**

Submission Instructions:

* Email your application as a Word document using size 11 font.
* Place your LAST NAME and the word “Scholarship” in the subject line
* Attach the completed application form and your unofficial transcript and email to [info@npgofspokane.org](mailto:info@npgofspokane.org)
* **NO late applications will be accepted.**