**Fort Worth Region Nurse Practitioners SCHOLARSHIP APPLICATION**

The FWRNP will award a $1000 scholarship in the fall. Scholarship recipients will be selected by the FWRNP Scholarship committee based on application. To qualify for this scholarship, you must have completed 9 hours in the major, be enrolled in 6 hours, and be an active member of FWRNP for at least 6 months prior to applying. Applications should be submitted by November 1 for fall. Incomplete applications will not be considered.

# PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

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

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Please PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent (s) (age and name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACADEMIC INFORMATION

University or College currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_Expected date of Graduation: \_\_\_\_\_\_\_\_\_\_NP or DNP\_\_\_

Specials honors, awards or recognition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List offices held, professional, community or school volunteers activities as well:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FINANCIAL INFORMATION

Will you be accepting any other sources of scholarship aid? YES NO

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently working? YES NO (Full time or part time? \_\_\_\_\_\_\_\_\_\_\_) Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# NURSE PRACTITIONER GOALS

Please write on a separate piece of paper, a short essay (500 words or less) outlining why you have chosen to be a nurse practitioner, and how this scholarship money would impact you. Please also provide a short answer to each of the following questions:

1. Community involvement is a current focus of FWRNP. Describe a scenario where you have impacted your community as a nurse or leader.

1. The holistic approach of the NP sets us apart from the medical model. Describe an example of holistic care you have provided a patient in the past or intend to in the future.

1. How do you plan to use your new degree when you complete your education?

1. Briefly share your opinion on independent practice (pros &/or cons) and whether or not you feel that new Nurse Practitioners should be required a minimum number of proctored hours before being granted independent practice.

1. Tell us about yourself…

# RECOMMENDATIONS

• Please enclose two letters of recommendation. One should be from a faculty member where you are currently enrolled. Please include a copy of your transcripts of work completed through the most recently completed semester.

 **Checklist:**

Essay and short answer to questions

 \*Two letters of recommendation

\*Copy of transcript

**Submit To:**

Vice President and Treasurer. Contact information will be included in the announcement each fall