EPAPN Scholarship Program

The El Paso area Advanced Practice Nurses (EPAPN) is pleased to announce its Scholarship Program. EPAPN will provide one (1) annual scholarship to deserving students. Scholarships will be awarded to applicants enrolled in Masters/Post Masters Nurse Practitioner programs OR to Licensed Nurse Practitioners obtaining Doctoral degrees. Applications will be accepted from January 1 to March 31 each year. To be eligible for consideration, be sure to provide all required documents.

Each scholarship shall be a one-time monetary award of $1,000.00 made payable to the educational institution where the applicant is currently enrolled (NP, DNP or PhD Program).

To ensure all eligible students are provided with fair and equal opportunity to be considered for an EPAPN scholarship, previous awardees will not be considered. All eligible applicants are encouraged to apply.

To be eligible, applicants must:

1. Hold a current Texas RN license
2. Be a resident of El Paso, Texas
3. Have a GPA of 3.0 or higher
4. Be an APRN or DNP/PhD student
5. Be a Regular and active member of EPAPN
6. Have completed at least 25% of an accredited Masters or Post Masters Nurse Practitioner program, or be a licensed NP who has completed at least 25% of an accredited Doctoral program
7. Provide a letter from the Program Director verifying current enrollment status, including part-time or full-time enrollment status
8. Submit the application and all required documents by March 31 of each year

EPAPN Scholarship Checklist

You will be asked to provide the following information for your application. All information must be provided in the application submitted by the deadline. Application submissions missing any required information/documents will be considered incomplete and will not be reviewed by the committee.

___Total required hours in the program

___Number of graduate/doctoral hours completed

___Number of graduate/doctoral hours enrolled for the coming semester

___Educational background: list nursing schools attended, and degrees earned

___Letter from your program director confirming your enrollment and the number of hours for the coming semester

___Official Graduate Nursing transcripts from the registrar. Do not send undergraduate transcripts

___Professional Goal statement- one page

___Proof of EPAPN membership (can be obtained through your membership profile on the EPAPN website)

___Three (3) professional reference letters

EPAPN Scholarship Application Form

Printed Name: _____ Credentials: _____

Address: _____

E-mail address: _____ Phone #: _____

Place of employment/specialty: _____

Educational background: _____

School where enrolled: _____

School address: _____

Program enrolled in: _____

Program Director: _____

Program Director e-mail: _____ Phone #: _____

Total required hours in the program: _____

Number of graduate/doctoral hours completed: _____

Number of graduate/doctoral hours enrolled for the coming semester: _____

Signature: _____