Application Form
TRIAD Chapter of AANN Neuroscience Nursing Scholarship

INSTRUCTIONS: Fill out by typing in this form and email to jean.pruitt55@gmail.com

You may elect to leave areas blank if information is not available and send it later.

Personal Information:

1. Full Name:
2. Address:
3. City:
4. State:
5. ZIP Code:
6. Email Address:
7. Phone Number:

Educational Background:

8. Current School/Institution:
9. Degree Pursuing:
10. Year of Graduation:
11. Previous Institutions Attended (if applicable):
12. Major(s) and Minor(s) (if applicable):
13. Cumulative GPA (if applicable):

Professional Experience:

14. Current Employment (if applicable):
15. Position:
16. Dates of Employment:
17. Description of Duties:
18. Previous Employment (if applicable):
19. Position:
20. Dates of Employment:
21. Description of Duties:

Neuroscience Nursing Experience:

22. Neuroscience Nursing Courses (if applicable):
23. Neuroscience Nursing Certifications (if applicable):
24. Neuroscience Nursing Conferences Attended (if applicable):
25. Neuroscience Nursing Research or Publications (if applicable):

Essay:

26. Please write a 500-word essay on the following topic: "The Importance of Neuroscience Nursing in the Advancement of Patient Care."

Letters of Recommendation:

27. Please provide the name, title, and contact information for three (3) individuals who can speak to your qualifications for this scholarship. At least one (1) letter must be from a faculty member familiar with your academic performance.

Print/Type/Electronic

Signature:

28. I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may disqualify me from the scholarship.

Date:

Type Full Name: