Application Form  
TRIAD Chapter of AANN Neuroscience Nursing Scholarship

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