

PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS
Practical Nursing Scholarship Fall 2017
A total of three \$500.00 scholarships will be awarded, one in each of the following divisions:
Eastern PA, Western PA and Central PA
Application Information

REQUIREMENTS

1. Applicants must be currently enrolled in a Commonwealth of Pennsylvania approved Practical Nursing Program.
2. Applicants must have completed at least one Term (Level, Semester, Trimester, etc.) of the nursing program.
3. A completed application must include all of the following:
 - a. Scholarship application.
 - b. One page, single-spaced, 11 font typed essay on what contributions you will bring to practical nursing and why you should be awarded the scholarship. Type your name and the name of your Practical Nursing Program at the top of the page.
 - c. Validation and Recommendation form that documents enrollment, grade point average, attendance and financial need and includes recommendation from Practical Nursing Program Administrator.
 - d. Do send only the required items; any additional items received such as transcript will not be used in the selection process and will be shredded.
4. Applications must be received by **Monday, October 9, 2017.**

SCHOLARSHIP CRITERIA

- Academic and clinical performance with grade point average of ≥ 2.0 (or 80%).
- Unmet financial need of at least \$500.
- Satisfactory attendance as defined by Practical Nursing Program.
- Recommendation of the Practical Nursing Program Administrator.
- Quality of essay.

Selection Process: Selection of the award recipients will be made by the scholarship committee. Only those applicants who have submitted all required documents by the deadline are eligible for the scholarship. The scholarship applicant is solely responsible for making certain that all required forms have been submitted. The Committee will not notify applicants of missing documents. Submitted items will not be returned; they will be shredded after the recipients have been selected.

Scholarship Committee:

Jane Irwin, Central Pennsylvania Institute of Science and Technology, Pleasant Gap, PA
Cheryl Krieg, Clearfield County Career and Technology Center
Brenda Hodge, JCDAVTS, Dubois, PA

Submit Application, Essay, Validation and Recommendation Form via mail or email to:

Cheryl Krieg
CCCTC Practical Nursing Program
1620 River Road
Clearfield PA, 16830
Email: ckrieg@ccctc.edu

ANNOUNCEMENT OF SCHOLARSHIP RECIPIENTS:

Notification will be done by mail by October 31, 2017. Only the award recipients will be notified. Checks will be made co-payable to the recipient and the educational institution.

**PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS
SCHOLARSHIP APPLICATION**

PRINT LEGIBLY

APPLICANT INFORMATION

NAME: _____

COMPLETE HOME ADDRESS (including ZIP CODE): _____

TELEPHONE (including area code): _____

Email: _____

EDUCATION

Provide the following information about your EDUCATIONAL INSTITUTION

NAME OF PRACTICAL NURSING PROGRAM:

COMPLETE ADDRESS OF PRACTICAL NURSING PROGRAM (including ZIP CODE)

TELEPHONE NUMBER OF PRACTICAL NURSING PROGRAM:

APPLICANT SIGNATURE

I understand that only the final scholarship recipients will be notified. I certify that the information contained herein is true and correct to the best of my knowledge.

Signature

Date

**PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS
VALIDATION AND RECOMMENDATION FORM***

(*To be completed by practical nursing program administrator)

PRINT LEGIBLY

APPLICANT'S NAME: _____

VALIDATION

The student whose name appears above is currently enrolled in the Practical Nursing Program at

(name of program).

Date first term/semester/level began: _____

Date first term/semester/level ended: _____

Current Cumulative Grade Point Average or Grade Percentage: _____

Anticipated Date of Graduation: _____

RECOMMENDATION

Based on your knowledge of this student's academic and clinical performance, attendance, and financial need of at least \$500 you:

_____ Highly recommend this student for the scholarship award

_____ Recommend this student for the scholarship award

_____ Do not recommend this student for the scholarship award

Comments:

SIGNATURE: Practical Nursing Program Administrator

DATE

PRINT: Name of Practical Nursing Program Administrator

Phone number or email address