



NEW HAMPSHIRE NURSES' ASSOCIATION

210 N. State St. Suite 1-A, Concord, NH 03301

PHONE: (603) 225-3783

FAX: (603) 228-6672

EMAIL: office@nhnurses.org

www.NHNurses.org

ATTENTION NHNA MEMBERS

\$1,000 Scholarship Award

for advanced education!

Application Deadline: September 15, 2009

Award date: Oct. 22nd Conference & Annual Meeting

Eligibility Criteria:

- ❑ *Recipient must be Registered Nurse with current NH license and a member in good standing of NHNA;*
- ❑ *Applicant must be enrolled in an accredited Master's Nursing degree program;*
- ❑ *Applicant must promise intention to teach in a NH school of Nursing for a minimum of two semesters after graduation;*
- ❑ *Winner will agree to inform NHNA of faculty position attained and be featured in NH Nursing News.*

To Apply:

- ❑ *Complete & submit the application which follows along with:*
 - ❖ *Current Curriculum Vita*
 - ❖ *500 word essay addressing personal goals and aspirations as a nursing Faculty.*

Note: this grant is not meant to cover expenses incurred prior to award date.

Submit to the address above – **Attention: Commission on Nursing Practice**



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NHNA 2009 Scholarship Application

PLEASE TYPE OR PRINT CLEARLY

Section I: Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ City: _____

Home Phone: _____ Work: _____ Cell: _____

NH State License #: _____

Section II: Graduate School Information:

University/College in which enrolled: _____

Major: _____ Degree: _____ Graduation Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Faculty Advisor: _____ Phone Number: _____

Section III: Current Curriculum Vita (CV)

Attach a copy of your current CV to this application. CV must include all professional organizations in which you hold membership and your volunteer service to these organizations.

Section IV: Essay

Attach your 500 word essay to this application describing your goals and aspirations for teaching in a NH nursing program after your graduation.

I certify that the information I have given is complete and correct to the best of my knowledge:

Signature: _____ Date: _____