

Colorado Society Of Advanced Practice Nurses

DNA 30

Scholarship Application

Name: _____

Address: _____

Phone (Home): _____ (Work): _____

E-mail: _____

DNA 30 Member: Yes _____ NO: _____

Program you will be attending: _____

Previous Scholarship Recipient: Yes _____ No _____

State briefly why you believe you should be the recipient of the scholarship. What are your goals after you finish school?

What nursing activities and organizations are you involved in? Describe you level of participation.

Briefly describe any community service activities you have been involved in.

Describe how you would use this scholarship.

Attach a letter confirming acceptance in the program and a letter of reference from a peer, employer, or teacher.

DEADLINE: May 31, 2007

Send Completed application to:

DNA 30 Scholarship Coordinator C/O Colorado Nurses Association

1221 S. Clarkson St. #205

Denver, CO 80210