

INDIANA CHAPTER OF NAPNAP

Guidelines for Scholarship Applications

Applicant must:

1. Complete the attached application
2. write a one page paper addressing **one** or more of the following topics:
 - a. Describe why you are becoming a nurse practitioner
 - b. Describe your personal leadership abilities
 - c. Describe what you plan to do when you graduate
3. Obtain a letter of recommendation from an instructor or preceptor
4. Be enrolled in an accredited pediatric nurse practitioner program and must be in good standing in the program
5. Be member of both the local chapter and national NAPNAP organizations (**Dues must be paid by 7/31/current year and will be considered not paid after 9/1/current year**)
6. Include a copy of your current curriculum vitae/resume

Applications are due postmarked by October 1st each year

Mail documents to: Beth Richardson, DNS, CPNP
IUSON, NU 433
1111 Middle Drive
Indianapolis, IN 46202

- The executive board of Indiana NAPNAP will select the winner
- The amount of scholarship to be distributed will be \$500

INDIANA CHAPTER OF NAPNAP

Scholarship Application

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Name of University

Attending: _____

National NAPNAP number: _____