

NP+PTNA

NON-PRACTICING AND
PART-TIME NURSES' ASSOCIATION, INC.

Dear Applicant:

Thank you for your interest in the NP+PTNA Scholarship. The \$600 award(s) is given annually to a nurse who plans to further her/his education in the field of Nursing or a related Health Care program. This packet will provide you with the necessary information and application forms.

To be eligible you must:

1. Reside In the state of Colorado
2. Have a current Colorado Nursing license
3. Have a financial need

If you are Interested in applying for the Scholarship you need to:

1. Complete and return the enclosed forms
Application for Scholarship
Two (2) signed Letters of Referemce – To be returned DIRECTLY to Scholarship Chairperson
2. Include a copy of the letter of acceptance from the school/program you will attend (or a letter of intent)
3. Include a copy of your current Colorado Nurses License.

Please send all of the above to:.

NP+PTNA Scholarship Chairperson
Mary Ann Welling
16517 Chesapeake Dr.
Broomfield, CO 80023

This information is to be **received** no later than midnight March 31st. If you want to call to see if your application packet is complete please call Mary Ann at 720-890-6034.,

Scholarship candidate(s) will be notified of the committee's decision after April 1. The check is payable directly to the school.. The recipient of the Scholarship is required to contact the Scholarship Chairperson yearly to update her on your progress. The recipient must agree to repay the award if the selected program is not completed.

Sincerely,



Mary Ann Welling
Scholarship Chairperson

Application for Scholarship

1. Personal Information

Date: _____

E-Mail: _____

Full Name: _____

Present Address: Street: _____

City: _____ State: _____ Zip _____

Colorado Resident: Yes _____ No _____

Phone: _____ Colorado Nursing License Number: _____

Place of employment (if applicable): _____

Work Experience: _____

Use back of application if more space needed

Enclosed letter of acceptance from:

School: _____

Type of Program: _____

Cost of program: (tuition, books, equipment, transportation etc.) _____

If presently enrolled, how much training has been completed? _____

Date of enrollment: _____

Time remaining or, If not yet enrolled, length of course? _____

Expected completion date: _____

2. Education: List all schools or colleges attended:

Institution	City and State	Dates Attended	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List school and/or community activities in which you are involved.

(Dates, length of time, especially professional organizations).

4. Plans for financing your nursing education:

Have you been notified by any scholarship source that you will receive a scholarship for the coming school year? No ___ Yes ___

If yes, give source and amount: _____

Describe your present family structure including all dependents in your home:

___ Single ___ Married ___ Divorced

Number of children and their ages _____

Other people living in household: relationship and their age _____

Categorize yearly total family income:

___ \$0-\$30,000

___ \$30,000-\$60,000

___ Above \$60,000

Describe any special circumstances you wish the committee to consider: (i.e. children in college, parent living with you)

6. References: List persons (unrelated) from whom you have requested letters of reference who have known you for at least one year. Please have the person writing the Letter of Reference use the enclosed form. The person writing the letter **MUST** send it **DIRECTLY** to the Scholarship Chairperson.

Name	Address	Zip	Phone
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a. _____

b. _____

7. In 100 - 200 words, address the following areas: _____

1. Reasons for wishing to continue your nursing education
2. Short term goals
3. Long term goals
4. Future plans.

8. Please double check and make sure all blanks are completed. If directions are not followed the application will not be considered.

9. The candidate who receives the scholarship is required to inform the Scholarship Chairperson of their progress or completion of their program every year by May 15th until they have completed their program. Please call Mary Ann Welling at 720-890-6034.

Letter of Reference - 1

Letter **MUST** be sent **DIRECTLY** to Scholarship Chairperson

To the scholarship candidate: Please give this suggested outline to a teacher, employer, or other person (not a relative) who knows you well. Print your name on the line below and ask the individual to complete a letter of personal reference using the listed guidelines.

Name of candidate: _____

The above named is applying for a nursing scholarship offered by the Non-Practicing and Part-time Nurses' Association. The scholarship committee would appreciate information about this candidate in the following areas. Please address **ALL four (4) areas**. (Use back of this sheet or separate sheet as necessary)

1. Length of time you have known applicant and in what capacity
2. Character and personality
3. Leadership abilities
4. Special talents and/or creativity

Signed: _____ Date: _____

Position or Title: _____

Address: _____

Phone: _____

Mail your recommendation to:
NP+PTNA Scholarship Chairperson
Mary Ann Welling
16517 Chesapeake Dr,
Broomfield, Co, 80023

Recommendation **MUST** be received no later than midnight March 31st.

The Non-Practicing and Part-Time Nurses' Association

Letter of Reference - 2

Letter MUST be sent **DIRECTLY** to Scholarship Chairperson

To the scholarship candidate: Please give this suggested outline to a teacher, employer, or other person (not a relative) who knows you well. Print your name on the line below and ask the individual to complete a letter of personal reference using the listed guidelines.

Name of candidate: _____

The above named is applying for a nursing scholarship offered by the Non-Practicing and Part-time Nurses' Association. The scholarship committee would appreciate information about this candidate in the following areas. Please address **ALL four (4) areas**. (Use back of this sheet or separate sheet as necessary)

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