



Valley Advanced Practice Nurse Association Scholarship Application

Print application, fill out, and mail to:

VAPNA, Inc.
c/o Sandra Gaulke
1201 Quail Ave.
McAllen, TX 78504

Please Print or type:

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: () _____ () _____ email: _____

Home

Work

Social Security #: _____

Current Texas RN License #: _____ Exp. Date: _____

Current VAPNA Membership: _____ Exp. Date: _____

Please check the scholarship category you are applying for:

Masters _____ Postmasters Certificate _____ Doctoral _____

Full-time Student _____ Part-time Student _____

Program Start Date _____ Anticipated Completion _____

Number of Graduate/Doctoral hours already completed _____

Number of Graduate/Doctoral hours currently enrolled in _____

Specialty Interest _____

Educational Background- List Nursing Colleges attended and degrees earned:

Name of School	Years Attended	Degree Earned
_____	_____	_____
_____	_____	_____

Please list other scholarships or financial aid you are currently receiving or anticipate receiving:

Written statement about educational and career goals (attached).

Submit:

1. Copy of current RN license and VAPNA membership card.
2. Previous or current official Nursing Graduate transcripts only. DO NOT send undergraduate transcripts.
3. Three current reference letters: two professional and one personal regarding your application for this scholarship.
4. Completed scholarship application.
5. Written statement about educational and career goals.
6. **Applicant is responsible for sending all required materials together in one complete packet to:**
VAPNA, Inc.
c/o Sandra Gaulke
1201 Quail Ave.
McAllen, TX 78504
7. Please send all correspondence to the above address.

AGREEMENT:

I, _____ plan to use the scholarship from
VAPNA for _____

Signature Date

Completed packets must be postmarked by _____ to be considered for this scholarship.