



## SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### EDUCATIONAL PREPARATION (all nursing programs attended)

Name & Location of School of Nursing	Years Attended		LPN/ADN/Diploma/BSN/MSN
	To	From	

Degrees obtained (if different from above): \_\_\_\_\_ Date(s) \_\_\_\_\_

Program planning to attend for which you are seeking scholarship \_\_\_\_\_  
 (To qualify for the scholarship, this must be a NLN CNEA, ACEN, or CCNE accredited institution)

Date of acceptance into the program \_\_\_\_\_ (attach copy of letter of acceptance)

### REFERENCES (list names, addresses, daytime telephone, and email, of individuals who submitted a reference letter for you.)

1.	2.

[See Arkansas Nurses Foundation Scholarship Policies for additional information and materials required.](#)

Please consider me for  Dorothea Funk Scholarship  Mary Gray Scholarship

I have read the requirements concerning the granting of this scholarship, and I agree to abide by the stipulations.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

\*Mail your completed application:  
 Arkansas Nurses Foundation  
 P.O. Box 26483  
 Little Rock, AR 72221

The amounts of scholarship awards vary and are awarded at the discretion of the ARNF officers. Scholarships are awarded without regard to race, sex, religion, age, sexual orientation, or national origin. The ARNF reserves the right not to award a scholarship if applicants are not considered qualified. Scholarships are awarded for one year only.