

NEW JERSEY LEAGUE FOR NURSING
SCHOLARSHIP APPLICATION

PLEASE REVIEW THE SCHOLARSHIP CRITERIA BEFORE COMPLETING THIS FORM.

PLEASE PRINT OR TYPE ALL INFORMATION:

Name: _____

Credentials (if licensed): _____ Other Degrees: _____

Home Address: _____ State: _____ Zip: _____

Day Phone: () _____ Email: _____ @ _____

College/School Enrolled: _____

Degree working towards: _____ Current G.P.A. _____ Anticipated Graduation Date: _____

Last College or High School Attended: _____ School _____ Degree Obtained

Current Employer: _____

Address: _____ State: _____ Zip: _____

Status: FT _____ PT _____ Hours/Week: _____ Work Phone: () _____ ext: _____

State briefly how you are currently financing your education:

Comments or additional information which you feel qualifies you for this scholarship:

Attach essay to explain why you want to be a nurse or why you want to advance your education in nursing. Review Scholarship Criteria for complete details.

How did you learn of NJLN's Scholarship Program?

- | | |
|---|---|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> NJLN website |
| <input type="checkbox"/> Financial Aid Office | <input type="checkbox"/> Other website: _____ |
| <input type="checkbox"/> Dean/Professor | <input type="checkbox"/> Other source: _____ |

(Signature)

FOR OFFICE USE ONLY:

App. Received: _____ Transcript: _____ Essay: _____

References: _____