

PNAA NURSING SCHOLARSHIP AWARD
APPLICATION FORM

INSTRUCTION: Please fill completely and mail the application form along with required documents to: Cornelio S.J. Obordo

Chair PNAA Scholarship Committee

73 Hawkins Circle Wheaton, Illinois 60187

E-Mail: icare1@sbcglobal.net Phone: (630) 653 - 0630

1. Name: _____ Address: _____
2. Telephone Number _____ E-mail Address: _____
3. Name of Nursing School: _____
4. School Address: _____
5. Dates of Attendance in Nursing School: _____
6. Write 150 words essay on “How this Scholarship will Assist Attain my Goals”, one page and double spaced (Attachment 1) (10%)
7. Transcript of academic records (Attachment 2) (10%)
8. Two letters of recommendation (Attachment 3) (20%)
 - A. _____ from employer/ supervisor
 - B. _____ from member of faculty
9. RESUME (60%)
 - A. **Work Experience (10 %)** _____
 - B. **Education and Certification (10%)** _____
 - C. **Publications/Research Paper (10%)** _____
 - D. **Community Activities/Leadership Roles (10%)** _____
 - E. **Professional Affiliation (10%)** _____
 - F. **Awards and Achievements (10%)** _____

DEADLINE FOR DOCUMENTS SUBMISSION – MAY 30, 2008

