

Austin APNs SCHOLARSHIP CRITERIA

1. Applicant must be a Registered Nurse and licensed by the Board of Nurse Examiners for the State of Texas.
2. Applicants must be Texas Residents.
3. Applicant must have completed at least one semester of an accredited Masters Advanced Practice Nurse Program or has completed at least one semester of an accredited Doctoral Nursing Program. A letter of verification of current enrollment status must be included from the Program Director (stating whether enrolled part time or full time in the program).
4. Applicant must have a minimum cumulative GPA of 3.0 or higher. A higher GPA is taken into consideration in determining scholarship award.
5. Applicant must be a regular or student member of Austin APNs. Verification must accompany application.
6. Applicant must submit three (3) letters of reference; Two must be professional letters of reference, and one must be a personal letter of reference.
7. Each scholarship shall be a one-time monetary award.
8. Awardees will be notified by email. Scholarships will be awarded directly to the individuals selected. Applicant is responsible for mailing complete packet to:

**Austin APNs Scholarship Committee
c/o Chair Robin Page, PhD, RN, CNM
The University of Texas at Austin, School of Nursing
1700 Red River
Austin, Texas, 78701**

INCOMPLETE PACKETS WILL NOT BE CONSIDERED

Print application, fill out and mail

Please print or type:

Name: _____

Address: _____

(Street, Apt#) (City) (State) (Zip) _____

Phone: () _____ () _____

email: _____

Home Work

Current Texas RN License# _____ Exp. date _____ (Attach copy)

Current Austin APNs membership # _____ Exp. date _____ (Attach copy/proof)

Please check the scholarship category you are applying for:

Masters _____ 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 Schools attended and degrees earned:

Name of School Years Attended Major Degree Earned

Overall educational and career goals; Include why you want to become an Advanced Practice Nurse and what you plan to do when you graduate. Be as specific as possible: (you may use additional paper if necessary).

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

Submit in ONE COMPLETE PACKET:

1. Copy of current RN license and Austin APNs membership card. (We do not process

Austin APNs membership applications)

2.. A letter from the Program director of your current program stating your current enrollment status/number of hours

4. Three Current Reference Letters: Two professional and one personal regarding your application for this scholarship.

5. Completed scholarship application.

6. You are responsible for sending all required materials together in one complete packet to:

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c/o Chair Robin Page, PhD, RN, CNM
The University of Texas at Austin, School of Nursing
1700 Red River
Austin, Texas, 78701

7. Please send all correspondence to the above address.

INCOMPLETE PACKETS WILL NOT BE CONSIDERED

Completed packets must be postmarked by March 1, 2008 to be considered for the scholarship.