



Valley Advanced Practice Nurse Association, Inc. Scholarship Application

Print applications, fill out, and mail to:

VAPNA  
P.O. Box 1981  
McAllen, TX 78501

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**  
**P.O. Box 1981**  
**McAllen, TX 78501**
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.