

3900 NW 12th Street, Suite 100, Lincoln, Nebraska 68521-3037
Phone: (402) 435-3551 Fax: (402) 475-6289 E-mail: robind@nehca.org
www.nehca.org/lpnan

APPLICATION FOR PRACTICAL NURSING STUDENT GRANT

In 2010, the Licensed Practical Nurse Association of Nebraska (LPNAN) will award **two** grants in the amount of **\$525/each** after June 1, 2010. The Grant must be used by June 1, 2011.

CRITERIA/ELIGIBILITY:

1. Enrolled or eligible to enroll in a School of Practical Nursing.
2. **Current student member of LPNAN or must apply for membership in LPNAN when enrolled in School of Practical Nursing.**
3. Be willing to pledge, upon completion of the course of study, to sit for the National Certification License Examination-Practical Nursing (NCLEX-PN).
4. Application will be judged on the basis of financial need, commitment to health care, letters of reference, and the completeness of this application. References may not be related to the applicant. They may be previous or current employers, teachers, clergy members, or other professionals in your community. They should have knowledge of you, your work habits, attitudes, and your commitment to the health profession.
5. On the back of this form or on a separate sheet of paper, please indicate why you are applying for this grant, why you feel you deserve the grant, and your goals in the health care profession. Please include any involvement in civic and community activities.

The grant money will be forwarded to the appropriate school after verification by the school of the winner's attendance/enrollment.

Please send the following: 1) completed form, 2) essay, 3) proof of enrollment, and 4) three letters of professional references to:

LPNAN
3900 NW 12th St. Suite 100
Lincoln, Nebraska 68521-3037

DEADLINE: All applications must be postmarked no later than **MARCH 31, 2010**, and sent to the LPNAN address as indicated above.

APPLICANT'S NAME _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____ E-MAIL _____

List the name and the location of the School of Practical Nursing in which enrolled or intends to enroll and when starting in the program. Please include a proof of enrollment if presently attending a School of Practical Nursing.

School: _____

When Starting Program: _____

The grant recipient will be invited to attend the LPNAN Annual Convention to receive recognition and a certificate during the Awards Lunch that will take place on Thursday, October 21, 2010, at 12:30 p.m. at the Holiday Inn-Downtown in Lincoln, Nebraska.