

The Research Foundation Summer Nursing Experience Scholarship Application Form

Please print or type

Name _____
Last *First* *Initial*

Home Address _____ Telephone () _____
Number *Street*

_____ *City* *State* *Zip*

E-mail address _____

High School _____

Expected date of graduation _____
Applicant's Signature

In addition to this application please provide a one page essay that includes:

1. What factors have influenced your interest in a nursing career?
2. Why do you wish to attend the Nursing Experience?
3. Why are you in need of a scholarship?
4. Why do you believe you should be selected?

Scholarship selection is based primarily on the essay component of the application. **The essay should not exceed one typed page.**

Scholarship Program:

1. The scholarship program is funded by The Research Foundation thanks to a grant from the R.A. Long Foundation. Scholarships are awarded for \$250. Applicants must provide remaining \$25.
2. Completed applications must be returned by May 3rd. Notification of awards will be made by May 10th.

Send application and required information to: The Research Foundation
2316 E. Meyer Blvd.
Kansas City, MO 64132
(816) 276-4218

Or fax to: (816) 276-4928 (fax)

Or e-mail to: rose@trfk.org