

**PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS**  
**Practical Nursing Scholarship – Spring 2023**

**A total of three \$500.00 scholarships will be awarded for the state.**

**REQUIREMENTS**

1. Applicants must be currently enrolled in a Commonwealth of Pennsylvania approved Practical Nursing Program.
2. Applicants must have completed at least one Term (Level, Semester, Trimester, etc.) of the nursing program.
3. A completed application must include all of the following:
  - a. Scholarship application.
  - b. One to two pages, single-spaced, 11 font typed essay on what has directed you to the nursing profession, what contributions you will bring to practical nursing, and why you should be awarded the scholarship. Type your name and the name of your Practical Nursing Program at the top of the page. You must have all three components addressed in the essay.
  - c. Validation and Recommendation form that documents enrollment, grade point average, attendance and financial need and includes recommendation from Practical Nursing Program Administrator.
  - d. Do send only the required items; any additional items received such as transcript will not be used in the selection process and will be shredded.
4. Completed applications must be received by **Friday, April 14 at 5 pm.** *Submissions after the deadline will not be considered.*

**SCHOLARSHIP CRITERIA**

- Academic and clinical performance with grade point average of  $\geq 2.0$  (or 80%).
- Unmet financial need of at least \$1000.
- Satisfactory attendance as defined by Practical Nursing Program.
- Recommendation of the Practical Nursing Program Administrator.
- Quality of essay.

**Selection Process:** Selection of the award recipients will be made by the scholarship committee. Only those applicants who have submitted all required documents by the deadline are eligible for the scholarship. The scholarship applicant is solely responsible for making certain that all required forms have been submitted. The Committee will not notify applicants of missing documents. Submitted items will not be returned; they will be shredded after the recipients have been selected.

**Scholarship Committee:**

Cara Davenport, Jefferson County-Dubois Area Vocational Technical School, Reynoldsville PA  
Debbie Couturiaux, Central Pennsylvania Institute of Technology, Pleasant Gap, PA  
Kim O'Neill, Schuylkill Technical Center, Frackville, PA

**Submit Application, Essay, Validation and Recommendation Form via email or FAX to:**

Cara Davenport, Nursing Program Director

Fax: 855-479-6809

Email: [cidavenport@jefftech.us](mailto:cidavenport@jefftech.us)

**ANNOUNCEMENT OF SCHOLARSHIP RECIPIENTS:**

Notification will be to recipient's program director by May 5, 2023.

Checks will be made co-payable to the recipient and the educational institution.

**Only the award recipients will be notified.**

**PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS  
SCHOLARSHIP APPLICATION**

PRINT LEGIBLY

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

COMPLETE HOME ADDRESS (including ZIP CODE): \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION**

**Provide the following information about your EDUCATIONAL INSTITUTION**

NAME OF PRACTICAL NURSING PROGRAM:

\_\_\_\_\_

COMPLETE ADDRESS OF PRACTICAL NURSING PROGRAM (including ZIP CODE)

\_\_\_\_\_

TELEPHONE NUMBER OF PRACTICAL NURSING PROGRAM:

\_\_\_\_\_

**APPLICANT SIGNATURE**

I understand that only the final scholarship recipients will be notified. I certify that the information contained herein is true and correct to the best of my knowledge. I understand that all or excerpts from my essay and/or winners photo's may be published on the Pennsylvania Association of Practical Nursing Administrators website.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PENNSYLVANIA ASSOCIATION OF PRACTICAL NURSING ADMINISTRATORS  
VALIDATION AND RECOMMENDATION FORM\***

**(\*To be completed by practical nursing program administrator)**

PRINT LEGIBLY

**APPLICANT'S NAME:** \_\_\_\_\_

**VALIDATION**

**The student whose name appears above is** currently enrolled in the Practical Nursing Program at

\_\_\_\_\_  
(name of program).

Date first term/semester/level began: \_\_\_\_\_

Date first term/semester/level ended: \_\_\_\_\_

Current Cumulative Grade Point Average or Grade Percentage: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

**RECOMMENDATION**

Based on your knowledge of this student's academic and clinical performance, attendance, and financial need of at least \$500 you:

\_\_\_\_\_ Highly recommend this student for the scholarship award

\_\_\_\_\_ Recommend this student for the scholarship award

\_\_\_\_\_ Do not recommend this student for the scholarship award

**Comments:**

\_\_\_\_\_  
**SIGNATURE:** Practical Nursing Program Administrator

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT:** Name of Practical Nursing Program Administrator

\_\_\_\_\_  
Phone number or email address