

**15th Annual Spring Conference for Nurse Practitioners
Nurse Practitioner Student Scholarship Application**

Name: _____

Address: _____ Town: _____

State: _____ Zip: _____

Day time phone: _____ Home phone: _____

email _____

**Nurse Practitioner
Program:** _____

Address: _____

Year of Graduation: _____

Name of Faculty Reference: _____ (Submit form
attached)

**Attach a brief bio sketch (not more than 1 page) so that we will know a little
about you!**

I would like to attend: (check one)

_____ Yes, I plan on attending the Wednesday evening lecture

_____ No, I do not plan on attending the Wednesday evening lecture

_____ Thursday, April 15, 2010 only

_____ Friday, April 16, 2010 only

_____ Both Thursday and Friday

**I will/will not be able to attend the Thursday evening Reception &
Scholarship Auction (circle one)** (included in scholarship). (Circle one)

_____ I am already a student member of MNPA

_____ Enclosed is \$50 for membership from 4/2010 thru 10/2011

Mail completed application to: (Membership to MNPA is required in order to
receive a scholarship)

A completed application and requested material to must be received by March
26, 2010 at the address below.

**MNPA
11 Columbia Street
Augusta, ME 04330**

**Maine Nurse Practitioner Association
15th Annual Spring Conference for Nurse Practitioners
Nurse Practitioner Student Scholarship Application
Faculty Reference Form**

Student Name:

Nurse Practitioner Program:

Name of Faculty Reference:

I agree that this student is in good standing and an appropriate candidate for the MNPA Annual Conference scholarship.

Signature of Faculty Member

Date