

**Virginia Nurses Association
District 5
Scholarship Application**

Please fill in the applicable blanks. If space is not sufficient, attach additional sheets as needed. Please print or type.

Name: _____

Telephone Numbers

Address: _____

Home Phone: _____

Work Phone: _____

Educational Institutions attended since High School

Degree/Diploma

Nursing School: _____

Number of Nursing Courses taken: _____

Current Nursing Courses: _____

Current Professional Certifications (Not just nursing): _____

Professional Societies/Organizations (not just nursing); Dates of membership and any offices held:

Community Service Activities: include dates: _____

Any other **Offices, Honors, or other pertinent information** not listed above which the Scholarship Committee should consider: _____

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Additional Comments: