

Beverly M. Morgan, LPN

Scholarship Application

Scholarship Information

This \$100.00 education scholarship is granted by Beverly M. Morgan, LPN, National Federation of Licensed Practical Nurses, Inc. (NFLPN) member and NFLPN Education Foundation board member, to encourage students to continue their path in becoming a Licensed Practical Nurse. Beverly has been blessed with many opportunities in her LPN career and would like to share her blessings and support to promote, uplift, and enlighten a PN student.

Scholarship Criteria

1. Applicants must be a student currently enrolled in a Practical Nursing Program
2. Applicants must have a GPA of 3.0 or higher. (proof must be submitted with application)
3. Applicants taking a Medical/Surgical or Gerontology course must have a GPA of 3.0 or higher (proof must be submitted with application)
4. Applicants must submit a one page double spaced essay explaining “How becoming an LPN will benefit my future nursing career and the patients I serve” along with the completed application form and proof of GPA.
5. Incomplete applications will not be considered
6. The deadline for accepting applications is September 15th, 2008

Beverly M. Morgan
Scholarship Application Form

Name _____

Address _____

Phone _____

Email _____

PN Program/School _____

Employer (if employed) _____

Experience in healthcare _____

**** Deadline is September 15th, 2008**

Applications may be mailed, emailed or faxed to:

NFLPN (Scholarship Application)
605 Poole Drive
Garner, NC 27529
Fax: 919-779-5642
Email: nflpn@mgmt4u.com

If you have any question regarding this scholarship program, please contact NFLPN at 800-948-2511 or email your question to nflpn@mgmt4u.com.

Note: The NFLPN Education Foundation Board will be held harmless for the approval decision. Scholarship applicants will receive formal decision notification from the NFLPN Education Foundation Board. Incomplete applications will not be considered.

NFLPN office use only:

Date application/essay received: _____	Board action date: _____
Approved: _____	Amount Granted: _____
Disapproved: _____	