Applicant Statement

I understand that if the application is not complete, it will be ineligible for judging. I attest that the contents of this application are true and accurate. I understand that while the reviewers will have no knowledge of the applicants, the review process is not a blind one. I understand that all judging is final. I understand that a corporate scholarship or award sponsor may request a copy of this completed application form. I agree that if I receive a scholarship or award, my photograph and any correspondence may be published in a professional journal, or displayed on the NP Healthcare Foundation materials, activities, media, and website. I agree to acknowledge the Nurse Practitioner Healthcare Foundation and Procter & Gamble in any clinical, educational, or research publications, posters, or presentations stemming from work done through this funding.

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Signature of Applicant *Date*

_____

Print Name

Name:_____