



Nurse Practitioner Healthcare Foundation

Improving Health Status and Quality of Care through Nurse Practitioner Innovations

2009 NPHF/AstraZeneca Diversity Scholarships Program

Eligibility Form

Provides three \$4000 scholarships to NP graduate students who are racially and ethnically diverse. Priority will be given to students who have demonstrated a commitment to caring for minority/underserved populations.

Eligibility: *Nurse Practitioner Graduate Student*

Application Deadline is November 15, 2009

Eligibility:

Before submitting an application to the NPHF for a scholarship or an award, please complete the eligibility checklist. You must answer YES to criterion #1 and NO to #2-4 in order to qualify. Check box.

1. Are you a U.S. citizen or a permanent U.S. resident? YES NO
2. Are you a member of the NPHF Board of Trustees, or a relative of a member of the NPHF Board? YES NO
3. Are you an employee or a relative of an employee of the grant funder? YES NO
4. Have you ever received an NPHF scholarship or award in the past? YES NO

Instructions:

1. Download the Application Checklist for the desired Scholarship or Award.
2. Download the necessary forms as listed on the Application Checklist.
3. Type your responses directly into the spaces provided.
4. Type your name in the lower right hand corner of each page in the space provided.
5. Print the completed forms.
6. Sign where indicated.
7. Obtain all other signatures necessary. Handwritten or incomplete applications will not be accepted. **ONCE SUBMITTED, APPLICATIONS MAY NOT BE REVISED.**
8. **DO NOT** include additional sheets, except where specific documents are requested or answers to specific questions require additional pages. Stay within the required word count specified.
9. Collate and binder clip application materials (original plus 3 copies).
10. Your application must include **FOUR** copies (original plus 3 copies).
11. Attach the completed and signed Application Checklist to the front of the original application.
12. Faxed or emailed copies will not be accepted.
13. Applications not postmarked by November 15, 2009 will not be reviewed.
14. If you have any questions, please contact the NPHF at 425-861-0911.

Please mail the completed forms and required documents to:

Nurse Practitioner Healthcare Foundation
Attn: Scholarship Selection Committee
2647 134th Ave. NE
Bellevue, WA 98005-1813

Name: _____