

2018 - 2019 NPHF/Procter & Gamble Community Service Endowed Scholarship

Applicant Statement	
contents of this application are true and acknowledge of the applicants, the review pro understand that a corporate scholarship or av form. I agree that if I receive a scholarship displayed on NPHF's materials, activities, r	complete, it will be ineligible for judging. I attest that the courate. I understand that while the reviewers will have no cess is not a blind one. I understand that all judging is final. I ward sponsor may request a copy of this completed application or award, my photograph and any correspondence may be nedia, and website. I agree to acknowledge the Nurse Practice Gamble in any press releases, announcements or materials
Signature of Applicant	/
Print Name	

Name: