

## 2017 - 2018 NPHF/Procter & Gamble Community Service Endowed Scholarship

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 not knowledge of the applicants, the review process is not a blind one. I understand that all judging is final, 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 displayed on NPHF's materials, activities, media, and website. I agree to acknowledge the Nurse Practitioner Healthcare Foundation and Procter & Gamble in any press releases, announcements or material regarding this scholarship.
Signature of Applicant  Date
Print Name

Name:\_\_\_\_\_