



East Holly Avenue, Box 56 Pitman, New Jersey 08071-0056  
(856)256-2343 FAX (856)589-7463

## **FNRE Scholarship Application**

**Due May 1, 2020**

The Foundation for Neonatal Research and Education offers scholarship opportunities to neonatal nurses who meet the following criteria:

1. You must be officially admitted to a college or school of higher education for one of the following:
  - (a) Bachelor of Science in Nursing (current RN)
  - (b) Master in Science in Nursing for Advance Practice in Neonatal Nursing,
  - (c) Doctoral degree in Nursing, (d) Master's or Post-Master degree in Nursing Administration or Business Management.
  
2. You must be a professionally active neonatal nurse as evidenced by:
  - Actively engaged in a service, research, or educational role that contributes directly to the health care of neonates or to the neonatal nursing profession (includes all professional neonatal nursing roles and neonatal nursing students).
  
  - An active member of a professional association dedicated to enhancing neonatal nursing and the care of neonates whose mission is consistent with the mission of the Foundation for Neonatal Research and Education (FNRE). Must be a member longer than one year prior to submitting application.
  
  - Demonstration of ongoing professional education in neonatal nursing as demonstrated by at least 10 contact hours in neonatal content in the past 24 months. Or neonatal nurses enrolled in a degree nursing program (advanced or RN to BSN) during the same time period.
  
3. You must not have received a FNRE scholarship or grant in the past five (5) years.
4. Awarded both a FNRE scholarship and grant concurrently, then only one can be kept.
5. Members of the FNRE Board and the FNRE Scholarship Review Committee are ineligible to apply during their term.



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## **FNRE SCHOLARSHIP APPLICATION**

**Due May 1, 2020**

Scholarship you are seeking: \_\_\_\_\_ Neonatal Nurse Practitioner \_\_\_\_\_ BSN  
\_\_\_\_\_ Clinical Nurse Specialist \_\_\_\_\_ MA  
\_\_\_\_\_ Nursing Management \_\_\_\_\_ Doctoral

### **Personal Information** (Please type or print clearly)

A. Full Legal Name: \_\_\_\_\_  
Last Name First Middle

List any other names on your records: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Credentials: \_\_\_\_\_

B. Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

C. Current professional memberships: \_\_\_\_\_ Expiration: \_\_\_\_\_

D. Professional license – Number: \_\_\_\_\_ State: \_\_\_\_\_

E. How did you hear about this scholarship? \_\_\_\_\_

### **College and University or Other School Information**

(List all college, universities or schools of nursing attended and provide official transcripts)

<u>Name of Institution</u>	<u>City and State</u>	<u>Entrance Date</u>	<u>Degree/Diploma Earned &amp; Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Information

Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

F. Reasons for scholarship application: (additional sheets may be used)

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G. The following optional information is not used in the selection decision

Birth date: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_  
Citizenship: USA \_\_\_\_\_ Other: \_\_\_\_\_ Type of Visa? \_\_\_\_\_  
Ethnicity: African/American \_\_\_\_\_ Hispanic \_\_\_\_\_  
American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_  
Caucasian/White \_\_\_\_\_ Other \_\_\_\_\_

I hereby certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**FNRE SCHOLARSHIP APPLICATION CHECK LIST**

- \_\_\_\_\_ Application – Due May 1, 2020
- \_\_\_\_\_ Resume or curriculum vitae
- \_\_\_\_\_ Enrollment or verification letter
- \_\_\_\_\_ Statement addressing how you will contribute to advanced practice
- \_\_\_\_\_ 3 Evaluations
- \_\_\_\_\_ Transcripts