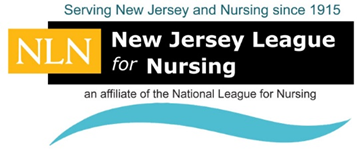
**New Jersey League for Nursing (NJLN) 2020 Scholarship Application**

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| --- | --- | --- | --- | --- | --- | --- |
| ***Please Type all Information, and Submit Completed Application Package To: info@njln.org*** | | | | | | |
| **Contact Information** | | | | | | |
| **First Name:** | **M.I.** | **Last Name:** | | | | |
| **Address:** | | | | | | |
| **City:** | **State:** | | | | | **ZIP Code:** |
| **Preferred**  **Telephone Number:** | | **E-Mail Address:** | | | | |
| **Yes, I am currently a member of the NJLN ☐** | | | | | | |
|  | | | | | | |
| **Academic and Financial Information** | | | | | | |
| **College/School Enrolled:** | | | | | | |
| **Current Nursing Program:  LPN  RN  BSN  MSN  Doctoral** | | | | | | |
| **Current G.P.A.:** | **Anticipated Graduation Date:** | | | | | |
| **Current Employer:** | | | | **Position:** | | |
| **Address:** | | | **City and State:** | | | |
| **Status:  Full-time  Part-time** | | | **Years Employed:** | | | |
| **State briefly how you are currently financing your education:** | | | | | | |
|  | | | | | | |
| **How did you learn about the NJLN Scholarship Program?**  Colleague  NJLN Website  Financial Aid Office  Dean/Professor  Friend/Family  Other *(Indicate Source)*: | | | | | | |
| ***Note: Review the NJLN Scholarship Criteria to ensure you have all required documents before submitting. Completed application and supporting documents must be received no later than Tuesday, September 22, 2020. Submit your entire application package to E-Mail:*** [***info@njln.org***](mailto:info@njln.org) ***or mail it to: NJLN P.O. Box 165, Garwood, NJ 07027.*** | | | | | | |
| **I certify that all information on this application is correct. (check box)** | | | | | | |
| **E-Signature of Applicant:** | | | | | **Date:** Click or tap to enter a date. | |

*For Office Use: App*  *Transcript*

*Essay*  *Reference*  *Member*