



NAME: _____

ADDRESS: _____

E-MAIL _____

TELEPHONE:

CELL: _____

OTHER: _____

Please briefly describe past service to OAAPN:

Career Goals: Please briefly describe your plans for APN/DNP Employment and career goals after graduation

ACADEMIC INFORMATION:

Name of College/University:

Current GPA: _____ three point system _____ Four point system _____

Enrollment Status: Full-time: _____ Part-time _____

Type of APN/DNP program (CNP, CNM, CNS, CRNA, DNP, PhD) _____

Length of Program: (Total Hours) _____

Type of Credit Hours: Semesters _____ Quarters _____

Anticipated Graduation Date: _____

NOTE: Proof of current registration in an Ohio APN/DNP program, must be included with your application as well as a copy of your transcript.

Previous Education:

Institution	Dates attended	Major Course of Study	Degree

Employment History:

Organization	Employment Dates	Job Title	Responsibilities

If more space is needed please attach additional pages

Return application portfolio to:

OAAPN Scholarship
5818 Wilmington Pike #300
Dayton, Ohio 45459
866-668-3839

Questions: Scholarships-Awards@oaapn.org