



# PHILIPPINE NURSES ASSOCIATION OF METROPOLITAN D.C., Inc.

8921 Hilton Hill Dr. Lanham, MD 20796  
Tel: (301) 520-5189 | Website: <http://pnamdc.org>



## Trinidad Padama Nursing Scholarship Fund APPLICATION FORM

*Please type or print clearly in ink*

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Nursing Program: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_

Have you ever been convicted of a crime, felony or misdemeanor or have any convictions pending?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.

Have you ever applied in the past to this scholarship program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, did you receive the scholarship?

\_\_\_\_\_ Yes \_\_\_\_\_ No

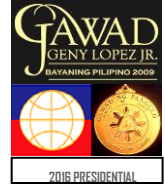
If yes, what year? \_\_\_\_\_

*Please include transcripts from nursing school*



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**Statement:**

*I have read and understand the instructions and criteria for application and eligibility for the PNAMDC Nursing Scholarship. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I affirm that everything is true and correct. I agree to be personally interviewed by a PNAMDC Scholarship Committee member in person or on the phone.*

Name (please print):

Signature:

Date: