



Annual Symposium Scholarship Application

Selection for this scholarship will be based on academic and career achievement as well as financial need. This scholarship will cover full conference registration fees and materials.

In order to apply for this scholarship, you must meet the following criteria:

1. Be a current member or join PCNA
2. Provide current CV
3. Demonstrate financial need
4. Agree to provide PCNA with a report within six (6) months after the conference describing the impact this program had made on your education, research, practice, and/or leadership development. The PCNA National Office will include this report along with acceptance packet, if selected.

First Name: _____ Middle: _____ Last: _____ Suffix/Degrees: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

1. Describe how you plan to use the knowledge obtained at this conference in your education, research, and/or practice: _____

2. How do you plan to give back, or provide leadership in your nursing community, to demonstrate the value of the scholarship given to you? _____

3. Statement of financial need: _____

4. How did you learn about the PCNA Scholarship opportunity? _____

Please submit completed application and required materials by February 1, 2009 to:

Preventive Cardiovascular Nurses Association
Attn: Scholarship Committee
613 Williamson Street, Suite 200, Madison, WI 53703