Applicant Statement

I understand that if the application is not complete, it will be ineligible for judging. I attest that the contents of this application are true and accurate. I understand that while the reviewers will have no knowledge of the applicants, the review process is not a blind one. I understand that all judging is final. I understand that a corporate scholarship or award sponsor may request a copy of this completed application form. I agree that if I receive a scholarship or award, my photograph and any correspondence may be displayed on NPHF's activities, media, and the website. I agree to acknowledge the Nurse Practitioner Healthcare Foundation and Procter & Gamble in any press releases, announcements or materials regarding this scholarship.

_____ / _____ / _____

Signature of Applicant *Date*

_____

Print Name

Name:_____