

**Kansas State Council ENA**  
**Nursing Scholarship Application**

Name \_\_\_\_\_ Date of application \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of school \_\_\_\_\_

Course of study \_\_\_\_\_ Degree pursuing \_\_\_\_\_

Start date \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Submit this application along with the supporting documents to:

Kansas State Council ENA

c/o Charla Holman

223 Pioneer Place

Mulvane, Kansas 67110

Deadline for receipt of the application is 30 days prior to the start of the semester for which the application is made. The committee will review all applications and select the recipients.

Monies will be awarded to the qualifying recipients at the end of the semester for which they applied upon receipt of a copy of the final grades for that semester.

Please visit the Kansas Emergency Nurses Association website at [kansasena.org](http://kansasena.org).