

Pettingill Scholarship

2024 Nomination Form

Nursing Student Name _____ School ID# _____

Home Street Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Scholarships will be awarded in the following categories, please indicate the program you are enrolled in: Genericl Accelerated LPN to RN Pathway to BSN

Attach the following:

1. Narrative Statement not to exceed 1 page *addressing the applicant's interest in public health*
2. Current transcript
3. 1 letter of recommendation

DEADLINE FOR SUBMISSION: June 1 for Fall and December 1 for Spring

Submission Instructions:

Scan completed application and supporting paperwork as one document and send scanned document by email to: jfkmuhlenbergscholarships@hmn.org

KEEP A COPY OF THIS APPLICATION FOR YOU RECORDS