SC-ENA

Scholarship Award Application

*Applicant must allow at least 60 days for processing of application*

Submit application via email to [SCAwards@SC-ENA.org](mailto:SCAwards@SC-ENA.org)

Member Name & Credentials: Click here to enter text. Date:Click here to enter a date.

Member Number:Click here to enter text.Chapter:Click here to enter text.

Member Since (month/Day if less than 2 years) Click here to enter text.

Date of Event: Click here to enter a date.

(List date of educational activity/ event or class start date you are requesting support for)

Title of Event/ Class/ Program:Click here to enter text.

Purpose of Event /Class/ Program:Click here to enter text.

(e.g. Obtain Bachelor’s degree, Preparation for CEN Exam, Continuing Education Credits @ SESS)

Amount Requested: $100 $200 $300 $400 $500

OtherClick here to enter text.

1. Please list membership in any committees or positions held within SC-ENA or your local SC- ENA chapter. Include dates you served and your duties and/ or responsibilities during that time. (e.g. Chapter Secretary, Fundraising committee, Golf Tournament Committee) Click here to enter text.

2. Please list any ENA activities or events you have participated in during the previous two (2) years. (Attended SESS in 2014, Participated in the trivia bowl 2015) Click here to enter text.

3. Please list current memberships in professional organizations other than ENA. (Must attach proof of current membership). Click here to enter text.

4. Please list activities that you have participated in related to the profession of Emergency Nursing? (e.g. Injury prevention, Government legislation) Click here to enter text.

5. Please list any community service activities you currently participate in within the past year. Include dates and location of events/ activities. (e.g. Serve at the 3rd street soup kitchen every other Saturday morning, coordinated food drive for local food bank). Click here to enter text.

6. Please list any other activities you participate in relevant to the profession of emergency nursing. These may not include duties or responsibilities as required by your employer. Click here to enter text.

7. Please write an essay explaining why you deserve to be awarded a financial scholarship from the South Carolina Emergency Nurses Association. (Minimum of 250 words, maximum of 500 words). Click here to enter text.

Applicants Signature: Click here to enter text.Date: Click here to enter a date.

Typing your name above serves as your electronic signature.

**Administrative Use Only: To be completed by the committee chair or designee.**

Attendance at Chapter level meeting \_\_\_\_/\_\_\_\_\_ = \_\_\_%

Attendance at State level meeting \_\_\_\_/\_\_\_\_\_ = \_\_\_%

Participation level in Chapter level activities per chapter President:

\_\_\_\_None \_\_\_Few \_\_\_\_ Some \_\_\_\_ Frequent \_\_\_\_ Constant

Participation level in State level activities per State President:

\_\_\_\_None \_\_\_Few \_\_\_\_ Some \_\_\_\_ Frequent \_\_\_\_ Constant

Date application received by committee chair: Click here to enter a date.

Date application reviewed by scholarship committee: Click here to enter a date.

Recommendation made to executive board for scholarship award. Choose an item.

Date Recommendation Made to the executive Board: Click here to enter a date.

Approved by executive Board: Choose an item. Date: Click here to enter a date.

Date applicant notified of award or denial: Click here to enter a date.

Comments: Click here to enter text.