



Inland Empire Nurses Association

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IENA SCHOLARSHIP APPLICATION FORM

PERSONAL DATA

Name		SSN		
Address		City	State	Zip
Home phone	Work phone		Cell phone	
School of enrollment		Expected graduation date	Current GPA	
RN license number		RN license expiration date		

ACADEMIC PREPARATION SINCE HIGH SCHOOL

Name of institution	Location of institution	Attended from	Attended to	Degree & Major	Date awarded

PROFESSIONAL EXPERIENCE (list most recent first)

Name of agency	Location of agency	Dates employed	Position

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Name: _____

Describe your career goals. Please address your commitment to nursing as a profession.

Describe your beliefs related to how and why the professional organization is important to nursing.

Describe your participation in the professional nursing organization.

Optional: Please use specifics to describe how your financial needs would be better met if you were to be awarded this scholarship.

Thank you for your interest in the Inland Empire Nurses Association!