

NCSBN Member Scholarship Application

NCSBN Center for Regulatory Excellence

Send your completed application to: CRE@NCSBN.org
Submit as an attached word document or PDF with recommendation letters.
Subject: Member Scholarship

PLEASE TYPE – USE ONLY THE SPACE PROVIDED BELOW

Name:

E-mail:

Phone:

Education:

Credentials:

Board of Nursing (BON):

Position with BON:

Years of experience at the BON:

Requirements:

- Baccalaureate degree or higher
CV provided as attachment

Two letters of recommendation:

One letter from the Executive Officer of applicant's Board of Nursing

For Executive Officer applicants:

One letter from the agency director or board president

Letters of recommendation should be submitted via email (CRE@NCSBN.org) with the application.

PROFESSIONAL GROWTH

Please respond to each of the following questions – 500 words maximum per question.

1. Why are you pursuing this certificate and what will you gain from the program?

1. *(continued)*

2. How is this program related to your current job and how will it further your career?

3. How do you plan to manage your time working and carrying out the responsibilities of this program?

4. Describe how you have contributed to your BON.

5. Please summarize your participation in NCSBN activities.

INTENT

1. Do you intend to participate in the DC internship of this program?	Yes	No
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HEALTH POLICY ANALYSIS

Please select a current regulatory issue in nursing on the federal or state level. State a clear position and provide evidence for that position. 500 words maximum.

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