



INTERNATIONAL ASSOCIATION OF SICKLE CELL NURSES AND PHYSICIAN ASSISTANTS, INC.

SCHOLARSHIP PROGRAM APPLICATION

The International Association of Sickle Cell Nurses and Physician Assistants, Inc. has established a college scholarship program to assist patients with Sickle Cell Disease who will be attending an institution of higher learning in the United States.

Applicants for IASCNAPA's \$500 Scholarships must have a form of sickle cell disease and be enrolled in, or have been accepted by a recognized and accredited post-secondary school, including college, university, trade school, or other institution of higher learning. Curriculum choice, age, gender, race, ethnic background, religion and political affiliation will not be used in evaluating applications.

An active IASCNAPA member or a sickle cell disease medical provider must sponsor all applicants.

Applications are accepted from March 1 through July 1 of each year.
Awards will be given in August of each year.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
PLEASE PRINT OR TYPE ALL INFORMATION ON THIS APPLICATION.**

Mail to:

Deborah Boger, RN, CPNP
IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd Winston-
Salem, NC 27157

dboger@wakehealth.edu

GENERAL INFORMATION ABOUT APPLICANT

Applicant's Name: _____

List all school related expenses for the upcoming academic year:

Tuition and fees: \$ _____
Books and supplies \$ _____
Room: \$ _____
Board: \$ _____
Commuting Expenses: \$ _____
Other: (please specify) \$ _____

Total: \$ _____

List activities, leadership positions and significant responsibilities in school, community, home, church. Applicants who are employed may use this section to provide additional pertinent information.

List honors (scholastic, citizenship, artistic, etc.), awards, and other forms of recognition received:

Have you received an IASCNAPA award previously? No Yes what year: _____

List hobbies and special interests:

Have you been employed during the school year? No Yes number of hours/week: _____

Type of job: _____

Have you worked summers? No Yes Full or part-time? Full-time Part-time

Type of work: _____

Are you working now? No Yes Full or part-time? Full-time Part-time

Type of work: _____

Recommendation From Active Member of IASCNAPA or Sickle Cell Disease Medical Provider

Applicant's Name: _____

The above named student is applying for a scholarship from the International Association of Sickle Cell Nurses and Physician Assistants, Inc.(IASCNAPA). These scholarships are available to all individuals with any sickle hemoglobinopathy. Recipients will be selected by the IASCNAPA scholarship committee. Each member of the committee will carefully review all applications.

Scholarship awards will be based upon academic performance and potential. Personal motivation, character, the ability to express himself or herself in writing, and involvement in school and community activities will also be considered in the selection process.

Your assistance in evaluating this applicant will be greatly appreciated. Recommendations are a key part of the application process. Your recommendation should be as carefully prepared and descriptive as possible. Please print or type information, using front and back of this page only or attach a separate sheet.

1. **Please confirm sickle hemoglobinopathy by initialing here: _____ and attach laboratory confirmation.**
2. **How long and in what capacity have you known this applicant?**

3. **Please comment upon the strengths and weaknesses of this applicant, which you feel the committee should consider:**

4. RECOMMENDATION (check one):

This applicant has my highest recommendation. I recommend this applicant with some reservations.

I recommend this applicant with confidence. I do not recommend this applicant.

Signature: _____ Date: _____
 Printed name: _____ Title: _____
 Address: _____ Telephone: () _____

Please return this form to:
(BY July 1 of the application year.)

Deborah Boger, RN, CPNP
Chair, IASCNAPA Scholarship Committee
 Wake Forest Baptist Medical Center
 Hematology/Oncology Dept.
 Medical Center Blvd
 Winston-Salem, NC 27157

dboger@wakehealth.edu

RECOMMENDATION

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NURSES AND PHYSICIAN ASSISTANTS, INC.**

**SCHOLARSHIP PROGRAM
TRANSCRIPT REQUEST**

Applicant's Name _____

TO WHOM IT MAY CONCERN:

I am applying for a scholarship from The International Association of Sickle Cell Nurses and Physician Assistants, Inc. I request that the following information be released to the addressee below:

1. A copy of my complete academic record:
 - a) A transcript of work completed, and
 - b) A listing of courses in which I am currently enrolled, if applicable.
2. Grade point average: _____ Class rank: _____ out of _____ students.
3. A copy of my Scholastic Aptitude Test scores and other pertinent test scores:

Please check here if no scores available: []

Must be returned by July 1 of the application year.

Awards will be made in August of that year. Send application information to:

Deborah Boger, RN, CPNP
Chair, IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd
Winston-Salem, NC 27157

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**SCHOLARSHIP APPLICATION
CHECK LIST**

Application Form	Page 1	<input type="checkbox"/>
General Information	Page 2	<input type="checkbox"/>
Personal Statement	Page 3	<input type="checkbox"/>
Recommendations:		
IASCNAPA member	Page 4	<input type="checkbox"/>
Other	Page 5	<input type="checkbox"/>
Transcript request	Page 6	<input type="checkbox"/>

ATTACHMENTS

Copy of letter of acceptance

Transcripts

Signature of Applicant: _____ **Date:** _____

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