

United Nurses and Allied Professionals Local 5082

of Memorial Hospital

2013 Scholarship Application Form

Instructions for Application:

- 1.) The applicant must sign this completed form.
- 2.) Applicants must submit this application form and required short essay postmarked by midnight July 31, 2013 to:

U.N.A.P. Local 5082

Scholarship 2012 Committee

375 Branch Avenue

Providence RI, 02904

Eligibility:

- 1.) Applicants must be a son, daughter, or legally adopted child of a paid member in good standing with Local 5082 of Memorial Hospital.
- 2.) Applicants must be accepted for admission, or enrolled as a full-time student at any accredited college, university, nursing or technical school offering college credit courses.

Awards:

- 1.) A total of three (3) scholarships of \$ 500.00 each will be awarded.
- 2.) Successful applicants will be notified by mail.

U.N.A.P. Members name: _____

Student's name: _____

Address: _____

City: _____ State: _____ Zip: _____

College or School Attending: _____

Major: _____

Required Short Essay:

On a separate sheet of paper, please briefly tell us about yourself, your education plans, and goals.

Student's Signature: _____ Date: _____