

**THE JOAN MEDBERRY MEMORIAL
UNAP SCHOLARSHIP FUND
APPLICATION FORM**

Name _____ **Date of Birth** _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip** _____

List school or schools to which you have applied or been accepted.

_____ **Applied** ___ **Accepted**

_____ **Applied** ___ **Accepted**

_____ **Applied** ___ **Accepted**

In the space below briefly describe your educational goals.

List any extracurricular and/or community activities you've been involved in.

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

Verification of Eligibility (must be completed by UNAP member)

UNAP member name _____ **Employer** _____

Dept. _____ **Job Title** _____

Relation to applicant _____ **(son/daughter).**

Signature of Local President: _____ **Date:** _____



The Joan Medberry Memorial UNAP Scholarship Fund

Instructions for filing:

All information requested must be supplied by the applicant. Any forms requiring signatures must be signed.

Applications must include:

A Completed application form.

Applicants must submit application form and related material to:

aadamo@unap.org or mail to:

United Nurses & Allied Professionals
375 Branch Avenue
Providence, RI 02904

Applications and material submitted are treated as confidential. The deadline for applying is Friday, May 24, 2024.

Scholarship winners will be announced May 29, 2024

Rules and Regulations & Qualifications

Scholarship applicant must be a child of UNAP member (under age of 25).
Students must be enrolled in a degree granting institution and credit classes.
Students must be enrolled at least halftime.
Scholarship recipient must be a child of a UNAP member at time of award.

Checks will be made payable to the individual.

Please note: We will be publicizing the winners of the scholarships.

Process for Decision Making

The winner will be chosen by random lottery.
There will be one \$1,000 scholarship awarded.