

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 29, 2026.

Scholarship winners will be announced June 10, 2026 at the Joint Board BBQ

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 winner of the scholarship.

Process for Decision Making

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