



2019

West Sound Advanced Practice Association Scholarship Program

Applicant Statement

I understand that if the application is not complete, it will be ineligible for judging. I attest that the contents of this application are true and accurate. I understand that while the reviewers will have no knowledge of the applicants, the review process is not a blind one. I understand that all judging is final.

I agree that if I receive a scholarship, my photograph and any correspondence may be published on the association website and/ or in local newspaper.

Signature of Applicant _____ Date _____

Print Name _____

NAME: _____