

**MICHIGAN ENA SCHOLARSHIP
(FOR CONTINUING EDUCATION) APPLICATION FOR FUNDS
(You may attach another page if needed)**

1. BIOGRAPHICAL DATA

- A. Name _____
- B. Address _____

- C. PHONE # H _____, W _____
CELL _____, FAX _____
- D. E-MAIL _____
- E. ENA MEMBERSHIP NUMBER _____

2. NAME OF CLASS/CONFERENCE: _____

- A. GIVE A BRIEF DESCRIPTION OF THE CLASS/CONFERENCE
- B. DATES OF CLASS/CONFERENCE
- C. HOW WILL THIS ENHANCE YOUR PROFESSIONAL CAREER IN EMERGENCY NURSING?

3. EXPENSES/RESOURCE/ MONIES REQUESTED

- A. WILL YOUR EMPLOYER COVER EXPENSES? IF SO HOW MUCH?
\$ _____
- B. OTHER GRANTS FUNDING: \$ _____
- C. AMMOUNT OF MONEY REQUESTED
\$ _____

4. HOW WILL YOU SHARE WHAT YOU LEARNED FROM THIS CLASS/CONFERENCE WITH MICHIGAN ENA MEMBERS?

Submit in writing to the MENA executive board c/o Pat Manion, 1010 S. East St., Fenton, MI 48430 or email document to pmanion@chartermi.net **Allow at least 60 days for processing your request**