



## MENA Scholarship Application

### MICHIGAN ENA SCHOLARSHIP (FOR CONTINUING EDUCATION) APPLICATION FOR FUNDS

#### 1. BIOGRAPHICAL DATA

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

HOME Phone \_\_\_\_\_, Work Phone \_\_\_\_\_

CELL \_\_\_\_\_, FAX \_\_\_\_\_

D. E-MAIL \_\_\_\_\_

E. ENA MEMBERSHIP NUMBER: \_\_\_\_\_

F. MENA Chapter: \_\_\_\_\_

G. Reference Name (chapter president or MENA board member): \_\_\_\_\_

#### 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 with proof of enrollment to the MENA President in c/o Chris Baker, 5400 Groveland, Holly, MI 48442 or e-mail document to [baker1016@comcast.net](mailto:baker1016@comcast.net) . **Allow at least 60 days for processing your request**