

**TRAVELNURSING.org**

Use this section to provide all of the necessary personal information to apply for the scholarship. All applications must be submitted via email to scholarship@travelnursing.org.

Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Age: _____ Gender: _____ GPA: _____

Current School: _____ Year in School: _____

Current Major: _____ Email: _____

Use this section to tell us a little about yourself (250 words or less).

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Use this section to write a short essay detailing your interest in medicine and what you hope to accomplish with the education and knowledge obtained from your schooling. Also tell how you plan to use the scholarship funds to further your education should you be selected as a recipient. Min. 500 words, max. 1000.

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