

ALLAN B. ENGEN NURSE SCHOLARSHIP

PERSONAL INFORMATION

→ *Application must be typed.*

Full Name : _____

Address : _____

City, state, Zip : _____ Phone Number : _____

E-Mail : _____

Please check the scholarship you are applying for: RN LPN

Have you been a past recipient of the Allan B. Engen Scholarship? Yes No Year Received : _____

EMPLOYER INFORMATION

Employer Name : _____

Employer Address : _____

Current Position : _____ Years Employed at Facility : _____

Total years in Long Term Care : _____

EDUCATIONAL INSTITUTION ACCEPTED INTO

→ *Attach letter of acceptance from the school of nursing.*

Institution Name : _____

Institution Address : _____

Start date at Institution : _____

If chosen for scholarship, you must provide proof of completion of the Fall Semester prior to receiving the scholarship award. Submission of passing grades is sufficient proof.

Date : _____

Name : _____

Signature : _____

**Applications may be mailed or
dropped off at the following:**

📍 1900 N 11th St Bismarck, ND 58501

📞 701-222-0660

🌐 www.ndltca.org/education/scholarships/

THANK YOU

ALLAN B. ENGEN NURSE SCHOLARSHIP

FUTURE PROFESSIONAL GOALS

Please describe your future professional goals.

YOUR EXPERIENCE

In the space provided, please describe the following: experiences you have had in long term care, interests in long term care and unique challenges you believe the long term care profession holds. You may attach a separate sheet, if necessary.