

# 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 : \_\_\_\_\_

Applications may be mailed or  
dropped off at the following  
by September 3, 2024:

📍 1900 N 11th St Bismarck, ND 58501

📞 701-222-0660

🌐 [www.ndltca.org/education/scholarships/](http://www.ndltca.org/education/scholarships/)

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**THANK YOU**

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## 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.*