



UNITED AMERICAN NURSES, AFL-CIO

2007 UAN National Labor Education Scholarship

Application Form

(Deadline November 15, 2007)

Personal Information

Name: _____

Street Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Past/Present Participation

Describe your past and current level of participation in your local bargaining unit. Include positions you have held, committees on which you have served, or other activities you have participated in to strengthen your unit. (As with all questions on this page, please use an additional sheet if necessary.)

Statement of Purpose

The UAN National Labor Education Scholarship was created to help RNs seek further education in Labor Studies/Labor Relations. Briefly describe the union leadership goals you hope to accomplish through this educational opportunity.

Vision for UAN

Describe your vision for the future of the UAN as the national voice of staff nurses.

Program Information

Please include with this application relevant information regarding the program you would like to attend, i.e. a brochure, flyer, course description, degree requirements, etc.

Name of School/Organization Sponsoring the Program: _____

Location: _____

Dates of Program: _____

School/Organization's Website: _____

Contact Person for the Program: _____

Cost of Tuition: _____

Scholarships will be awarded up to \$1,000, but not to exceed the cost of tuition (see "Guidelines").

Please check the type of program for which you are applying:

- Coursework for a Certificate
- Credit Coursework for a Bachelor's Degree
- Credit Coursework for a Master's Degree
- Other _____

Please indicate if this opportunity is:

- Classroom
- Online
- In-residence
- Other _____

Recommendation Form

Please provide information about the person who you have asked to recommend you. Recommendations are due on the same date as applications. The person completing the Recommendation Form should fax or mail it directly to the UAN office.

Name: _____

Title: _____ Phone: _____

Signature

By signing this application, I understand that in the event that I am awarded this scholarship and I do not complete the coursework for which it was intended, I am responsible for refunding the award money back to the UAN.

Signature of Applicant: _____ Date: _____

Please return completed and signed application by November 15, 2007 to:

UAN Labor Education Scholarship Committee c/o Nichole Bennett

United American Nurses, AFL-CIO

8515 Georgia Avenue, Suite 400

Silver Spring, MD 20910-5118

Phone: 301-628-5080 Fax: 301-628-5347

Email: Nichole.Bennett@uanurse.org