



Applicant Checklist: Please submit the following items together to ensure a complete application:

- Application**
- Personal Statement (maximum 500 words)**
- Official Transcript**
- Three Letters of Recommendation**

- GRE Scores**

I. PERSONAL INFORMATION

NAME: _____

EMAIL: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: (please give the address of
an individual that can always contact you)

TELEPHONE: _____
(current)

(permanent)

SEX: () MALE
() FEMALE

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

II. EDUCATIONAL BACKGROUND:

LIST HIGH SCHOOLS, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS ATTENDED; CURRENT FIRST.

Institution	Location	Major	GPA	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST YOUR PRESENT CLASSIFICATION FOR 2007-08 (EX. Graduate School/Masters): _____

LIST NURSING COURSES TAKEN OR CURRENTLY ENROLLED IN: _____

HAVE YOU AT ANY TIME PRIOR TO THIS APPLICATION BEEN ASKED TO WITHDRAW FROM ANY EDUCATIONAL INSTITUTION FOR ANY REASON. IF SO, PROVIDE THE NAME OF THE INSTITUTION AND EXPLAIN THE CIRCUMSTANCES.

LIST HONORS, AWARDS, OR OTHER RECOGNITION FOR SCHOLASTIC ACHIEVEMENT.

HAVE YOU, AT ANY TIME PRIOR TO THIS APPLICATION, RECEIVED A SCHOLARSHIP OR FELLOWSHIP FROM ANY EDUCATIONAL INSTITUTION? IF SO, LIST NAME OF SCHOOL, TYPE OF SCHOLARSHIP, AND THE AMOUNT.

TYPE OF FUNDING	INSTITUTION	LOCATION	AMOUNT
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III. CITIZENSHIP

ARE YOU A U.S. CITIZEN? () YES () NO

ARE YOU A U.S. PERMANENT RESIDENT? () YES () NO

IV. EMPLOYMENT INFORMATION

LIST YOUR LAST FIVE (5) JOBS, INCLUDING SUMMER AND/OR PART-TIME WORK:

Employer	Address	Dates	Kind of Work
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VI. ADDITIONAL APPLICATION INFORMATION

1. LIST NAMES, POSITIONS, AND ADDRESSES OF THREE INDIVIDUALS (AT LEAST TWO OF WHOM HAVE TAUGHT YOU AND ARE FAMILIAR WITH YOUR ACADEMIC WORK) WHO WILL WRITE TO ASRN EVALUATING YOUR ABILITY TO PURSUE GRADUATE WORK.

PLEASE INCLUDE RECOMMENDATIONS WITH YOUR APPLICATION IN SEPARATE, SEALED ENVELOPES. IF INDIVIDUALS WRITING YOUR RECOMMENDATIONS PREFER, THEY MAY SEND STATEMENTS DIRECTLY TO ASRN **BUT NO LATER THAN JANUARY 20TH.**

2. PROVIDE AN OFFICIAL TRANSCRIPT FROM EACH UNDERGRADUATE INSTITUTION ATTENDED. IF NECESSARY, INSTITUTIONS MAY SEND TRANSCRIPTS DIRECTLY TO ASRN **BUT NO LATER THAN JANUARY 20TH.**

3. GRADUATE SCHOOLS REQUIRE APPLICANTS TO TAKE THE GRADUATE RECORD EXAMINATION (GRE). PLEASE PROVIDE A COPY OF YOUR GRE SCORES.

VII. BRIEF ESSAY

PLEASE SUBMIT A PERSONAL STATEMENT, NOT TO EXCEED 500 WORDS, ON WHY YOU SHOULD RECEIVE THIS ASRN EVIDENCE BASED PRACTICE FELLOWSHIP.

Application, Personal Statement, References, Transcripts, and GRE Scores should be sent in one packet to:



**American Society
of Registered Nurses**

Richard Walker,
President

**2007 ASRN Evidence Based Practice Fellowship
American Society of Registered Nurses
1001 Bridgeway, Suite 411
Sausalito, CA 94965**

Deadline: January 20, 2007