

Norma Underwood Scholarship

The Alabama Baptist Nursing Fellowship leadership team reviews applications and awards the Norma Underwood Scholarship on the bases of criteria listed below.

- Up to \$500 annually may be awarded to a student nurse for her participation in a ministry project or missions trip.
- Up to \$500 annually may be awarded for assistance with books or tuition.

Applicant Criteria:

- 1. The applicant must be a student nurse who is actively involved as an Alabama BNF member for a minimum of six months prior to application.
- 2. The student nurse should give a description of BNF involvement.
- 3. The student should give pertinent information including major accomplishments, awards, community and or church service. Please write this in paragraph form on the back of the application.
- 4. The student nurse should include information regarding the name and address, along with a contact phone number, for the school of nursing department.
- 5. The student nurse should include two letters of recommendation from either a nursing faculty member from their school of nursing or Campus ministry leader, Pastor, or BNF Student Organization Leader.
- 6. The student nurse should send their personal testimony along with the reason why they chose the nursing profession.
- 7. The student nurse agrees to submit a written report of the mission trip or ministry project to Alabama BNF for inclusion in the Alabama BNF Newsletter.



Norma Underwood Scholarship Application

Submit application to: Alabama WMU, Baptist Nursing Fellowship, P.O. Box 681970 Prattville, AL 36068-1970

			Date:	
Name:				
(Last)	(First)	(Middle)		
Address:				
Addie35	(C	ty)	(State)	(Zip)
Home Phone#:	Cell Phone#:			_
E-Mail:				
	ed:		nt GPA	
RNF Involvement:				
JNI IIIVOIVEITIETIL				
			-	
Give the name, address	s, and phone number for a contact person in	vour school of nursing		
Give the name, address	s, and phone number for a contact person in	your scribor or ridising _		
If you are applying for a	a ministry project/mission trip scholarship, wri	to a brief description in	cluding the c	noncor of the
	project below. Also provide a contact numbe		cidding the S	porisor, or the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F ,			
			-	
	Total Trip/l	Ministry Amount:		
		<u></u>		
				=
	strative use only) One copy to Alabama BNF T _ Date of applicants BNF membership	eam Leader: One copy to	o Alabama Wi	MU Representativ
2.	_ Description of BNF involvement received			
	_ Copy of GPA received			
	Contact information for school of nursing depart	ment received		
	_ Letters of recommendation received			
6	Personal testimony received			
Application reviewed by: _				_
Application granted for \$	If application is not gra	ated please give a brief ev	nlanation helo	\\\'.