

Application Cover Page

Pamela Jane Nye Novice Innovator Clinical Nurse Specialist Scholarship

Last Name	First Name		
Credentials:			
Mailing Address:			
Street			
City:	State:	ZIP:	
Daytime Telephone: ()			
Cell Phone (optional): ()			
Date of Birth	Month:	Day:	Year:
Do you have a relationship to Operation Scrubs? (circle one) Yes No			
NACNS Member ID:			
State and Nursing License Number:			
Federal Employer Identification Number: (entrepreneurial candidates only)			
Name of business organization:			
Current Employer:			
Name:			
Email Contact:			
Phone Contact:			
Education			
Name of Institution awarding highest Nursing Degree:			
Highest nursing degree you currently hold:			
Signature of Applicant:			