

## National Alaska Native American Indian Nurses Association Merit Awards 2011 Application

Please print legibly or type, furnishing all requested information. If needed, ONE additional page may be used to answer sections 8, 9, 10, & 11.				
1) LAST NAME	FIRST NAME	MI	TRIBAL AFFILIATION	
2) ADDRESS		CITY	STATE	ZIP
3) PHONE	FAX	E-MAIL		
4) NURSING SCHOOL / ADDRESS / PHONE				
5) ACADEMIC ADVISOR				
6) ACADEMIC ENROLLMENT STATUS		FULL TIME	EXPECTED DATE OF COMPLETION	
7) LEVEL OF PREPARATION	ADN	BSN	MASTERS	DOCTORAL
8) AREA OF NURSING INTEREST				
9) WHAT PROFESSIONAL, COMMUNITY, OR CULTURAL SERVICE ARE YOU INVOLVED IN?				
10) EXPLAIN HOW NANAINA ASSISTANCE WILL HELP FURTHER YOUR EDUCATION.				
11) WHAT IS YOUR GOAL(S) OR PLAN FOR PROFESSIONAL WORK WITH AMERICAN INDIAN/ALASKA NATIVE PEOPLE/COMMUNITIES?				
PLEASE ATTACH THE FOLLOWING DOCUMENTS:				
<ol style="list-style-type: none"> <li>1. PROOF OF ENROLLMENT IN A FEDERALLY/STATE RECOGNIZED TRIBE</li> <li>2. LETTER OF SUPPORT FROM AN ACADEMIC ADVISOR</li> <li>3. COPY OF MOST RECENT TRANSCRIPTS</li> <li>4. CURRENT NANAINA MEMBERSHIP STATUS</li> </ol>				
FOR OFFICE USE ONLY				
NANAINA COMMITTEE REVIEW	1. MEETS ALL CRITERIA	Y	N	
	2. TOTAL POINTS REC'D	_____		
	3. REVIEWER INITIALS	_____		