



2010 TNA DISTRICT ONE ANNUAL SCHOLARSHIP

Name _____
First MI Last

Present Address _____
Number, Street

_____ City State Zip Code

Phone # (_____) _____ (_____) _____
Home Mobile

E-mail Address _____

Name of Nursing School or College _____

Expected Graduation Date _____

I anticipate becoming a member of TNA after graduation Y N

My signature indicates that if selected, I will use the scholarship money for educational purposes only.

Signature of the Scholarship Applicant Date

Mail/Email/Fax completed application to La-Kenya Kellum:

1120 Celtic Cove
Memphis, TN 38134
lakenya.kellum@stjude.org
Fax: 901-595-8701