

**Foundation of NSNA Scholarship Program**

**SPONSOR REPLY FORM**

Return to Lauren Sperle via E-mail Lauren@nsna.org

**When completing this form please use the TAB key not the ENTER key**

Sponsor Organization

***As you wish it to appear in publicity materials***

Contact Name

Title

Address

City  State  Zip

Email       Phone#

***2020 Scholarship Program—Yes, we will participate!***

**Number of Scholarships** **Amount $** **Administrative Fee $**

**(Minimum scholarship amount is $2,500 with an additional 10% administration fee)**

**E-Signature** **Date:**

***Thank you for supporting our future RNs!***