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## CFNU Annual Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

University/College: (in addition, please specify the program in which you're enrolled)

\_\_\_\_\_

Do you already hold a nursing license (e.g. RN, LPN)? YES  NO

1. Educational Plans: (Specify the program in which you're enrolled)

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