

10-650a

Reviewed Mar 2021

Revised March 2018

**Ron Brady Career Mobility Scholarship**

**Application**

Name:

Address:

City/State Zip code

Telephone (W):       (H):       (E-mail):

Number of years SUNA member:

Are you currently an active member of SUNA?  Yes – Member #       No

Place of Employment:       Years of Employment

Type of urologic care provided:

Accepted or enrolled in a nursing program?  Yes  No

Date of acceptance:       Date of enrollment:

Name of institution and degree program:

Describe how the degree will apply to applicant’s urologic nursing practice:

Time frame for completion of degree:

State how the application of funds will meet your educational needs:

*Please provide a letter of recommendation from an employer, instructor, professor or Dean.*

***Deadline for submission of application to SUNA National Office is June 1***

***Application MUST be typewritten***

Return this form to:

SUNA National Office

East Holly Ave. Box 56

Pitman, NJ 08071-0056

Fax: 856-589-7463 or email: SUNA@ajj.com