



HEART HOSPITAL of NEW MEXICO FOUNDATION

Application

Date _____

Name _____ RN / LPN (circle one)

License # _____

State(s) licensed in _____

Home address _____

City _____

E-mail address _____

Phone (home) _____ cell _____

Place of Employment _____

Name of course _____

Location of course _____

Date of course _____

Cost of course \$ _____

Travel \$ _____

Please estimate

Food \$ _____

Lodging \$ _____

Total amount of \$ _____

Scholarship requested