



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