STUDENT NURSES' ASSOCIATION OF ARIZONA 2018 SCHOLARSHIP APPLICATION

The Student Nurses' Association of Arizona (SNAAz) is dedicated to expanding the horizons of student nurses and positively contributing to healthy communities. The purpose of the SNAAz Scholarship Program is to enhance the development of Arizona student nurses and further the nursing profession in Arizona. By providing scholarships to nursing students enrolled in or accepted for enrollment within 90 days to an academic education program that will support the applicant's goals in furthering a nursing career in Arizona.

If you would like to be considered for the Student Nurses' Association of Arizona Scholarship, please complete the attached application and submit with supporting documentation to:

Student Nurses' Association of Arizona

1850 E. Southern Ave., Suite 1

Tempe, Arizona 85282-5832

Or

E-mail: StudentNursesAZ@gmail.com

All applications must be submitted on original or duplicated application forms. Only those application received on or before the published deadline will be reviewed. Applications received after the deadline will be held and reviewed during the next scholarship cycle, applicants will be required to provide updated enrollment verification.

APPLICATION DUE DATE: February 12th, 2018

CRITERIA FOR SELECTION:

Applicants may be enrolled part-time or full-time in an accredited Arizona nursing program. Recipients may submit an application for each semester if he or she is enrolled in a nursing program and will not be graduating before the granting period.

Applications are competitive and reviewed with candidate identifications removed by the SNAAz Scholarship Committee and Board of Directors. At the discretion of the reviewers, telephone interviews may be conducted to facilitate the decision-making process.

Applicant Name:_____

Criteria for Selection:

1. Potential for leadership in nursing (merit)
2. Commitment to professional nursing in Arizona
3. Expressed need for financial assistance

Amount of Award:

The Scholarship amount is $500.00 per scholarship cycle.

Funds granted to the individual may be considered taxable income. Awarded funds are to be used to pay for education expenses and will be delivered directly to the bursar at the applicant's education institution.

PLEASE ATTACH THE FOLLOWING TO APPLY

□ Scholarship Application Form

□ Reference Form

□ Evidence of Admission: Applicants are required to submit current documentation of enrollment or acceptance into a nursing program. Such documentation must identify applicant and school. Documentation may include, but is not limited to, transcript (official and unofficial), current course schedule, copy of letter or certificate of admission, or a written statement from an appropriate academic official.

□ Personal Statement (optional)

□ Resume (optional)

Any missing information, required documentation, or unanswered questions will result in the application being automatically rejected.

Applicant Name:_____

StudentNursesAZ@gmail.com

BIOGRAPHICAL INFORMATION:

Name of Applicant:_____ Date:_____

Current mailing address:_____

Telephone:_____ Email:_____

EDUCATIONAL DATA:

Are you currently enrolled (or have been accepted for enrollment in the next 90 days) in a nursing education program? □ Yes □ No

Name of Institution:_____

Address of Institution:_____

Expected Graduation (MM/YY):_____

Program (check one): □Associate Degree □Baccalaureate Degree
□Graduate Degree (pre-licensure)_____

Are you currently, or have you previously been, licensed as a CNA, LPN, or RN? □ Yes □ No

If yes, which one?_____ License#_____

LEADERSHIP EXPERIENCE:

Briefly describe your past leadership experience, beginning with your most recent or current position.

Term of office	Position- describe role	Organization	Location (City, State)

QUESTION 1 (350 word limit):

List and briefly describe any professional activities (ANA, AZNA, NSNA, SNAAz, or local SNA), community service, and/or other activities that you have been actively involved in during the last three (3) years that demonstrate your potential for nursing leadership.

QUESTION 2 (350 word limit):

Describe your current reason and guiding factors that lead to the pursuit of nursing education and your professional nursing goals.

QUESTION 3 (350 word limit):

Briefly describe how this scholarship will help you to achieve your nursing goals.

Applicant Name:_____

StudentNursesAZ@gmail.com

SCHOLARSHIP APPLICATION REFERENCE FORM

Applicants are required to include with the application one (1) signed confidential professional reference form from the student's academic advisor or other faculty member who can attest to the applicant's potential for leadership, the applicant's commitment to nursing and financial need. Applicants are to deliver the reference form to the appropriate person and inform the writer regarding the content of the reference needed and to have the writer place it in a sealed envelope following the directions on the form. The sealed envelope is to be attached to the application form. Applications lacking the reference form will automatically be rejected.

I, _____, give permission to the following individual to submit a reference on my behalf to the Student Nurses' Association of Arizona.

Applicant's Signature_____Date:_____

REFERENCE RESPONSE

Name:_____ Job Title:_____

Organization:_____

Capacity in which you have known applicant: _____

Length of time you have known applicant: _____

Based on your knowledge of the applicant, please tell us your perception of the applicant's potential for leadership. Give examples. (If you do not have such knowledge, please so state.)

Based on your knowledge of the applicant, please tell us your perception of the applicant's commitment to professional nursing. Give examples. (If you do not have such knowledge, please so state.)

Based on your knowledge of the applicant, please tell us your perception of the applicant's need for financial assistance. (If you do not have such knowledge, please so state.)

Signature:_____Date:_____

Please place this reference form in an official envelope from your organization, sign your name over the sealed flap and return to the student to be submitted with the application packet. Thank you.

Applicant Name:_____

StudentNursesAZ@gmail.com