Scholarships presented at the December NAHN West Florida Chapter Meeting

Scholarship awards are presented to students enrolled in accredited LVN/LPN, associate, diploma, baccalaureate, and graduate nursing programs. Selection of recipients is based on need, current academic standing, whether they are United States citizen or permanent resident of the United States and other criteria listed below. Scholarship recipients are a select group of nursing students who demonstrate the promise of professional contributions to the nursing profession and who have the potential to act as role models for other aspiring nursing students. The number of scholarships offered each year is dependent upon the amount in the scholarship fund.

Criteria for the Scholarship Awards include:

- NAHN scholarship application form completed by the student and submitted by the deadline date.
- Two (2) Letters of Recommendation from two faculty members outlining the applicant’s future professional contribution to the nursing profession and the potential to act as a role model for other aspiring nursing students.
- An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects their life growing up (must include who raised them and what type of work they did), qualifications, and potential for leadership in nursing.
- A resume, with education, employment, include earned certificates, awards, community service, special honors, etc.
- A transcript from the applicant’s college, university, or Nursing Program. Transcript may be obtained from the school’s website.
- Provide a description of economic need that discusses monthly income and expenses and other financial-related information that you wish to include.
- Academic standing (minimum GPA of 3.0 preferred).
- Membership of at least three months to the West Florida NAHN Chapter, NAHN Membership LINK
- No acting National Board Members or Committee members are eligible for scholarships
- Attendance at the December NAHN West Florida Chapter Meeting is mandatory for receipt of the scholarship award.
- Please note: Preferably, submit documents electronically.

SCHOLARSHIP APPLICATION SUBMISSION

ALL SCHOLARSHIP APPLICATION PACKETS MUST BE RECEIVED BY OCTOBER 1, 2019.

The scholarship application packet is to be sent electronically to the email below. Note: Letters of recommendation can be scanned as pdfs and sent to info@nahn-westfl.org with the subject WestFINAHNscholarship_NAME OF APPLICANT.

ALL MATERIALS MUST BE RECEIVED NO LATER THAN (OCTOBER 1, 2019) and sent electronically to info@nahn-westfl.org

Contact information:
Email: info@nahn-westfl.org or Call: 813 438-9415
NAHN WEST FLORIDA CHAPTER NURSING SCHOLARSHIPS FORM
Recognizing Excellence in Nursing Students

SECTION I – PERSONAL DATA

Name: Date: ____________________________

Last   First   Middle

Mailing Address: ______________________________
Street Address   City   State   Zip

Permanent Address: ______________________________
Street Address   City   State   Zip

Home Phone: __________________ Work Phone: __________________ E-mail: __________________

Please circle the answers below:

Gender: a. Male  b. Female

Ethnic Background: a. Hispanic  b. Non-Hispanic


If Married:
Spouse’s Name: __________________ Spouse’s Occupation: __________________

Number of dependents other than self or spouse: ___ Number of Children: ___________ Ages: ______

Were you born in the USA?  a. Yes  b. No  If “No,” what country?

How long in the US? ________________

Primary language spoken at home: a. English  b. Spanish  c. Bilingual
d. Other (Specify): ______________________________

Are you a member of NAHN?  a. Yes  b. No  When did you join NAHN? __________________________

Name of State Chapter (if applicable) __________________________

How did you hear about NAHN? ________________________________

First generation College Student?  a. Yes  b. No

Did you grow up with a one parent family?  a. Yes  b. No

Is this the first time you have applied for a NAHN scholarship?  a. Yes  b. No

If you have applied before, what years: ______________________________

Have you ever received a NAHN scholarship?  a. Yes  b. No

If “Yes,” Year(s) received: ______________________________
SECTION II - FINANCIAL NEED

Provide a description of economic need that discusses monthly income and expenses and other financial-related information that you wish to include.

Indicate any other financial aid you currently receive:

Indicate how the scholarship money will be used:

SECTION III – EDUCATION

I am currently enrolled in the following program:
a. LVN/LPN b. ADN c. RN d. BSN e. MSN f. Doctoral

OR

I have been accepted to the following nursing program beginning Spring 2020:
a. LVN/LPN b. ADN c. RN d. BSN e. MSN

Area of Study (e.g. pediatrics, cardiology, etc.)

Name of Nursing School:

School Address:

City: State: Zip: Phone:

Date Entered: Expected Date of Graduation (Month/Year):

Grade Point Average (GPA): Current: Cumulative:

In Spring 2020, will you attend school: a. Full Time b. Part-time c. Year in, School?

SECTION IV-ESSAY

See criteria for your selected scholarship for specific instructions.

If there is any additional information which you would like the awards committee to consider, include a personal statement below.

I ACKNOWLEDGE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS SCHOLARSHIP APPLICATION FORM IS ACCURATE. ANY DISCREPANCIES WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

Applicant Signature Date
APPLICATION CHECK LIST:

- NAHN scholarship application form with all sections completed by the student and submitted by the deadline date.
- Two (2) Letters of Recommendation from two faculty members outlining the applicant’s future professional contribution to the nursing profession and the potential to act as a role model for other aspiring nursing students.
- An essay, 500 words or less (using Times New Roman – 12 font), written by the student that reflects their life growing up (must include who raised them and what type of work they did), qualifications and potential for leadership in nursing in the Hispanic community.
- A resume, which includes education, employment, earned certificates, awards, and special honors.
- Provide an estimate of educational expenses, including any other financial aid for the year requested.
- A transcript from the applicant’s college, university, or Nursing Program. Transcript may be obtained from the school’s website.
- Academic standing (minimum GPA of 3.0 preferred).
- Please do not staple all these items.
- Membership of at least three months to the West Florida NAHN Chapter. NAHN Membership LINK
- No acting National Board Members and Committee members are eligible for scholarships
- Attendance to December NAHN West Florida Chapter Meeting is mandatory for receipt of the scholarship award.

Please note: Check will be distributed at the December meeting.

All submitted documentation, including the two letters of recommendation from faculty members, must be electronically submitted.

INCOMPLETE OR LATE SCHOLARSHIP APPLICATION PACKETS WILL NOT BE REVIEWED – NO EXCEPTIONS

ALL MATERIALS MUST BE RECEIVED NO LATER THAN (OCTOBER 1, 2019) and sent electronically in an email submission to info@nahn-westfl.org

Contact information:
Email: info@nahn-westfl.org or Call: 813 438-9415