



## MARY BETH HAYWARD SCHOLARSHIP

*For RNs Preparing to Teach Nursing*

### Scholarship Criteria & Application

#### Scholarship Information:

- Scholarships are available for each academic year
- Scholarships are awarded one time per year in March/April; application deadline is January 15<sup>th</sup> (note: if January 15<sup>th</sup> falls on a weekend or holiday, the deadline is the next business weekday)
- Scholarship winners are notified by March 15th of the same year.
- The scholarship award is \$1,000 for the year.
- Renewable for a second year through the competitive application process.

#### Eligibility Criteria:

Applicant must:

- Live or work in the state of Ohio
- Have a valid unencumbered Ohio Nursing License as an RN and plan to continue practicing in Ohio
- Have a minimum 2.5 cumulative grade point average undergraduate and 3.0 graduate cumulative grade point average (if in a graduate program).
- Enroll and complete full-time or part-time classes during the next academic year.
- Be planning to teach nursing full time in an accredited nursing program in Ohio.
- ONA members will be given first priority

#### Application Process:

To qualify for consideration:

- The application must be completed in full; it must be signed by the applicant and an academic advisor, and must include the following documentation.
  - ✓ Official college transcript(s) (include all college transcripts).  
Note: An electronic academic transcript sent via email from an official transcript website, such as Transcript Network™, Credential Solutions, etc., is acceptable. Please send to Pam Danielson at [pdanielson@ohnurses.org](mailto:pdanielson@ohnurses.org).
  - ✓ Letter of acceptance into an accredited nursing program or, if part-time, a letter from the school of nursing verifying your student status.
- Supporting documents (e.g., transcripts) can be mailed separate from the application as long as all required documentation is received (or postmarked) by the deadline date.

#### Renewal Process:

- Renewal of the scholarship for a second year is NOT automatic. The student must reapply and go through the competitive application process for the new academic year.

#### Selection Criteria:

- College academic records
- School activities and community services
- Personal statement

#### Mail application and required documents

to: (Must postmarked by **January 16, 2018**)

Ohio Nurses Foundation

Attention: Lori Chovanak, MN, APRN-BC

4000 East Main Street, Columbus, Ohio 43213

#### Direct questions re the ONF Scholarship Program to:

Pam Danielson at [pdanielson@ohnurses.org](mailto:pdanielson@ohnurses.org) or 614-448-1034

**APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED** The

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Note: Please download/save to your computer before completing form as data entered is not saved in the online form.

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For RNs Preparing to teach Nursing

### Scholarship Application

Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

College attending: \_\_\_\_\_ Part time Full time

Expected date of Graduation: \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_  
Month Year

Are you an ONA member? Yes No If yes, name of District \_\_\_\_\_

Have you received a scholarship from ONF in the past? Yes No If yes, year awarded: \_\_\_\_\_

*For the following questions, you may attach additional paper if more space is needed to answer.*

1) List involvement in your profession and professional association:

2) List your participation in any community service activities or organizations and the extent of your involvement:

3) List all honors and awards—school related and non-school related:

4) Personal statement: Explain why you would like to teach nursing in the state of Ohio (no more than 100 words):

5) Employment Record – ***Please attach resume*** (EMPLOYMENT, POSITION, and DATES OF EMPLOYMENT).

6) **CERTIFICATION:** Applicant and advisor signatures required below.

*The above information is true and correct to the best of my knowledge. I agree that if I am chosen as a recipient of the ONF Scholarship, the Ohio Nurses Foundation may use my name and information for publicity purposes and also for the purpose of research. I authorize the release of all application materials, including references, and transcripts to members of the scholarship selection committee. In the event that I am awarded a scholarship, this information may be released to the media and my academic transcript may be released to the scholarship sponsor.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Advisor's Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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