



MINORITY STUDENT SCHOLARSHIP

*For students who are pursuing their first nursing degree that leads to RN licensure;
live in the state of Ohio and are of a minority race.*

Scholarship Criteria and Application

Scholarship Information:

- Scholarships are available for each academic year.
- The scholarship award is \$1,000 for the year.
- Renewable for a second year through the competitive application process.

Eligibility Criteria:

- Must live in the state of Ohio
- Attend or have attended a high school in the state of Ohio; if still in high school, must be graduating at the end of this academic year; if a high school graduate, must be less than a two year break between high school and enrollment in this nursing program.
- Applicant must have a minimum 3.5 cumulative grade point average in high school at the end of the junior year.
- Applicant must enroll and complete full-time classes for the next academic year; and maintain a minimum cumulative 2.5 grade point average in college.
- Must be a member of a minority race

Application Process: To qualify for consideration the following documents must be submitted along with your application.

- Personal statement as to how the candidate will advance the profession of nursing in the State of Ohio (no more than 100 words).
- Official high school transcript.
- Official college transcript (if previously attended or currently attending).

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:

- High school and college (if applicable) academic records
- School activities and community services
- Personal statement

Deadline to return completed application is **January 15th** to:

Ohio Nurses Foundation
Attention: Giny Harshey-Meade, MSN, RN, CAE, NEA-BC
4000 East Main Street
Columbus, Ohio 43213

Scholarship winners will be notified by March 15th of the same year.

Applications received without required documentation will not receive consideration.



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Scholarship Application

Name: _____ Last 4 digits of SS#: _____

Address: _____
Street City State Zip

Home Telephone: _____ Email Address: _____
(area code)

High School Name: _____ Member of a minority race? Yes ___ No ___

Expected date of High School Graduation: _____
Month Year

Program of study you plan to enroll in: _____

List any clubs or organizations you belong to at your school and all offices you have held or currently hold:

List your participation in any community service activities or organizations and the extent of your involvement.

List all honors and awards—school related and non-school related.

Employment Record – Please attach resume (EMPLOYMENT, POSITION, and DATES OF EMPLOYMENT):

CERTIFICATION All applicants must sign 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 Signature: _____ Date: _____

A Guidance Counselor or Nursing Advisor must sign below:

The above and GPA information is true and correct to the best of my knowledge.

Academic Advisor's Signature: _____ Student's GPA _____ Date: _____

Printed Name and Title: _____ Phone Number: _____
(area code)