



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

## 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
- 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 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 a nursing program.
- Have a minimum 3.5 cumulative grade point average in high school at the end of the junior year.
- Enroll and complete full-time or part-time classes during the next academic year.
- Be a member of a minority race.

#### Application Process:

To qualify for consideration:

- The application must be completed in full, signed by the applicant and a guidance counselor or academic advisor, and include all required documentation.
- The following documents must be submitted with the application:
  - ✓ Letter of acceptance into an accredited nursing program or, if part-time, a letter from the school of nursing verifying your student status
  - ✓ Official high school transcript
  - ✓ Official college transcript(s) (if previously attended or currently attending - 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).
- 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:

- High school and college (if applicable) 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**



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### Scholarship Application

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

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

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

High School Name: \_\_\_\_\_

Date (or) Expected Date of High School Graduation: \_\_\_\_\_  
Month Year

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

Program of study you plan to enroll in: \_\_\_\_\_

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.*

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

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 how you plan to advance the profession of 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’s signature required.**

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.*

Advisor’s Signature: \_\_\_\_\_ Student’s GPA: \_\_\_\_\_ Date: \_\_\_\_\_

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

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