

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



## **RNs MAJORING IN NURSING**

*For students that are already RNs who want to advance the profession of nursing in Ohio*  
**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 undergraduate cumulative grade point average and a 3.5 graduate cumulative grade point average (if in a graduate program).
- Enroll and complete full-time or part-time classes during the next academic year.

### **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.
  - ✓ Up to three (3) letters of recommendation.
- 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 (if applicable)
- 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 Foundation of the Ohio Nurses Association • 4000 East Main Street • Columbus, OH 43213  
Phone: 614-237-5414 • Fax: 614-237-6081 • [www.ohnurses.org](http://www.ohnurses.org) • Updated 10.24.17

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## **RNs MAJORING IN NURSING**

*For students that are already RNs who want to advance the profession of nursing in Ohio*  
**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

RN License # \_\_\_\_\_ Are you an ONA member? \_\_\_\_\_ 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.*

1) List your 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 how you will 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 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 receipt 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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