

SUMMIT AND PORTAGE DISTRICT SCHOLARSHIP

For sophomore, junior, or senior student or returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron

Scholarship Criteria and Application

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Scholarships are available for each academic year
Scholarships are awarded one time per year in March/April; application deadline is January 15 ^t
Scholarship winners will be 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:

- □ Be a sophomore, junior, or senior in a BSN program, or a returning RN working toward on an advanced nursing degree, at Hiram College, Kent State University, or The University of Akron.
- ☐ Have a permanent residence in Ohio.
- ☐ Carry a minimum 3.0 cumulative grade point average.
- □ Be enrolled with six (6) credit hours or more.

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 including.
 - ✓ 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.
- □ Required documents can be mailed separate from the application (e.g., transcripts can be mailed directly from the school), but all required documentation must be 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 transcript(s)
- College activities and community services
- Personal statement

Mail application and required documents to: (must be received or postmarked by January 15th)

Ohio Nurses Foundation Attention: Lori Chovanak, MN, APRN-BC 4000 East Main Street Columbus, Ohio 43213

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED.



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For sophomore, junior, or senior student or returning RN working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron

Scholarship Application

Name:			Last 4 digits of SS#:			
Add	dress:			City	 State	
Telephone:			Email Address:			
Col	lege Attending:	Hiram	College	Kent State Uni	versity	The University of Akron
Ехр	ected date of Gradu	uation: Month	Year	Degree	Major	
For	the following que	stions, you ma	y attach ad	dditional paper if m	ore space is ne	eeded.
1)	List any clubs or or	ganizations you	belong to a	t your school and any	y offices you ha	ve held or currently hold:
2)	List your participati	ion in any comm	nunity servic	ce activities or organi	zations and the	extent of your

3) List all honors and awards—s	chool related and non-school related	:			
4) Personal Statement: Explain y words):	our desire to enter or advance in the	profession of nursing (no more than 150			
5) Employment Record – <i>Please</i>	attach resume (EMPLOYMENT, POSIT	TION, 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's Signature: Date:					
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:			
Printed Name and Title:		e Number:			

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