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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

Scholarship Information:

- Scholarships are available for each academic year
- Scholarships are awarded one time per year in March/April; application deadline is January 15th (note: if January 15th falls on a weekend, the deadline is the Monday following the 15th)
- 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 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. Please send to Pam Danielson at 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:

- College transcript(s)
- College activities and community services
- Personal statement

Mail application and required documents to:

*(Must postmarked by **January 16, 2017**)*

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 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: _____

College Attending: Hiram College Kent State University The University of Akron

Expected date of Graduation: _____ Degree _____ Major _____
Month Year

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 any 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 your desire to enter or advance in the profession of nursing (no more than 150 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’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: _____ Phone Number: _____

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