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## STUDENTS RETURNING TO SCHOOL TO MAJOR IN NURSING

For Students who have been out of school more than 2 years and are not RNs

### 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>**.
- 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:

- Live or work in the state of Ohio.
- Have been out of school for two (2) or more years before returning to school.
- Enroll and complete full-time classes during the next academic year; and maintain a minimum cumulative 2.5 grade point average.
- Cannot be recognized as an RN in any of the states or territories of the USA.
- Plan to practice nursing in Ohio.

#### Application Process:

To qualify for consideration:

- The application must be completed in full, signed by the applicant, and include the following documentation.
  - ✓ Letter of acceptance into an accredited nursing program.
  - ✓ 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.
  - ✓ Up to three (3) letters of recommendation.
- Supporting 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 academic records (if applicable)
- School activities and community services
- Personal statement

**Mail application and required documents to:** (must be received or postmarked by **January 15<sup>th</sup>**)

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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### Scholarship Application

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

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

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

College attending: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_  
Month Year Degree \_\_\_\_\_ Major \_\_\_\_\_

*For the following questions, you may attach additional paper if more space is needed.*

1) List your participation in any community service activities or organizations and the extent of your involvement:

2) List all honors and awards—school related and non-school related:

3) Personal Statement: Tell us how you will advance nursing in the state of Ohio (no more than 100 words):

4) **CERTIFICATION:** Applicant 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: \_\_\_\_\_

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