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STUDENTS RETURNING TO SCHOOL TO MAJOR IN NURSING

For Students who have been out of school and are returning to school to become an RN

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 15th (note: if January 15th falls on a weekend or holiday, the deadline is the next business weekday)
- 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.
- Enroll and complete full-time or part –time classes during the next academic year.
- 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.
 - ✓ 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. Send to Pam Danielson at pdanielson@ohnurses.org.
 - ✓ Up to three (3) letters of recommendation.
 - ✓ Letter of acceptance into an accredited nursing program or, if part-time, a letter from the school of nursing verifying your student status.
- 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 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 Graduation Year: _____

College attending: _____ Part time Full time

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 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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