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TRADITIONAL NURSING STUDENT

For students who do not have breaks longer than 2 years in their formal education (from high school to college) and have not yet obtained a degree

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.
- 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:

- Attend or have attended a high school in the state of Ohio. If still in high school, must be graduating at the end of this academic year.
- Have less than a two year break between high school and enrollment in this nursing program.
- Have a minimum 3.5 cumulative grade point average in high school at the end of the junior year.
- Enroll and complete full-time classes for the next academic year; and maintain a minimum 2.5 cumulative grade point average in college.

Application Process:

To qualify for consideration

- The application must be completed in full and signed by the both student and a guidance counselor or academic advisor.
- The following documents must be submitted with the application:
 - ✓ Official high school transcript
 - ✓ Official college transcripts (if previously attended or currently attending - 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.
 - ✓ Letter of acceptance into a nursing program or pre-nursing program (the program must qualify the candidate to sit for RN boards).
- 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:

- High school and college (if applicable) academic records
- School 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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Scholarship Application

Name: _____ Last 4 digits of SSN: _____

Address: _____
Street City State Zip

Telephone: _____ Email Address: _____

High School Name: _____

Date (or) Expected Date of High School Graduation: _____
Month Year

Program of study you plan to enroll in: _____

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 all 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 how you plan to 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’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 Signature: _____ Date: _____

A 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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