

DEBORAH HAGUE MEMORIAL SCHOLARSHIP

For an Aspiring Nurse Leader Graduate Nursing Student 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 are 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: The applicant must

- Live or work in the state of Ohio.
- □ Have a valid unencumbered Ohio Nursing License as an RN and plan to continue practicing in Ohio
- Be a graduate nursing student and have a minimum 3.0 cumulative grade point average.
- □ Enroll and complete full-time or part –time classes during the next academic year.
- D Be interested in becoming a dynamic nursing leader

Application Process: To qualify for consideration:

- The application must be completed in full; it must be signed by the applicant and an academic advisor, and must include the following documentation.
 - ✓ <u>Official</u> 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 <u>pdanielson@ohnurses.org</u>.
 - ✓ 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
- School activities and community services
- Personal statement
- □ Certification(s)
- **Gamma** Education focus is highly desirable
- □ Although the candidate is not required to be a member of the Ohio Nurses Association, membership is given weight during the selection process.

Mail application and required documents

to: (Must postmarked by January 15, 2019) Ohio Nurses Foundation Attention: Pam Danielson 3760 Ridge Mill Drive, Hilliard OH 43026 Direct questions re the ONF Scholarship Program to:

Pam Danielson at pdanielson@ohnurses.org

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED.



DEBORAH HAGUE MEMORIAL SCHOLARSHIP

For an Aspiring Nurse Leader Graduate Nursing Student

Scholarship Application

Name:					Last 4 digits of SS#:		
Address:							
	Street			City	State	Zip	
Telephone:Email Addre			ess:				
College att	ending:				Part ti	me	Full time
Expected date of Graduation:				Degree	egree Major		
Are you an	ONA member?	Yes	No	If yes, name of District			
Have you r	eceived a scholar	ship from O	NF in the p	oast? Yes No	lf yes, ye	ear awarded:	

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

1) List involvement in your profession and professional association:

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: Tell us about the leader you envision becoming and how this education will assist you (no more than 250 words):

5) Employment Record – *Please attach resume* (EMPLOYMENT, POSITION, and DATES OF EMPLOYMENT).

6) **CERTIFICATION:** Applicant and advisor signatures required below.

The above information is true and correct to the best of my knowledge. I agree that if I am chosen as a receipt 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:
Advisor's Signature:	Date:
Print Advisor's Name and Title:	Phone:

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED.