Note: Please download/save to your computer before completing the application as data entered is not saved in the online form.



RNs Majoring in Nursing

For students that are already RNs who want to advance the profession of nursing in Ohio

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:

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.
- □ Have a minimum 2.5 undergraduate cumulative grade point average and a 3.5 graduate cumulative grade point average (if in a graduate program).
- ☐ Enroll and complete full-time or part —time classes during the next academic year.

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.
 - ✓ Up to three (3) letters of recommendation.
- 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 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

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RNs Majoring in Nursing

For students that are already RNs who want to advance the profession of nursing in Ohio **Scholarship Application**

Name:					Last 4 digits of SS#:			
Address:								
	Street	City			State	Zip		
Telephone:Email Addres		ail Address:						
College atte	nding:				Part tii	me	Full time	
Expected da	te of Graduation:	De Year	gree		_ Major			
RN License #	# Are you an ONA n	nember?	If yes, Na	ame of Dis	trict:			
Have you re	ceived a scholarship from ONF	in the past?	Yes	No	If yes, ye	ear awarded:		
For the follo	owing questions, you may a	ttach addition	al paper ij	f more spo	ace is need	led.		

1) List your 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)	3) List all honors and awards—school related and non-school related:							
4)	Personal statement: than 100 words):	Explain how you will advance	the profession of nursing in the stat	re of Ohio? (no more				
5)	Employment Record -	– Please attach resume (EMPLO	DYMENT, POSITION, and DATES OF	EMPLOYMENT):				
6)	CERTIFICATION: App	licant and advisor signatures re	equired below.					
Ohi rele tha	o Nurses Foundation may u ase of all application mate	use my name and information for pub rials, including references, and transcr	ge. I agree that if I am chosen as a receipt of blicity purposes and also for the purpose of ripts to members of the scholarship selection of to the media and my academic transcrip	f research. I authorize the on committee. In the event				
Stu	dent's Signature:		Date:					
Ad	visor's Signature:		Date:					
Pri	nt Advisor's Name and	Title:	Phone:					

<u>APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED</u>