

SUMMIT AND PORTAGE DISTRICT SCHOLARSHIP

For sophomore, junior, or senior student or returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron

Scholarship Criteria and Application

Schol	arsl	hip I	nforn	nation:
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Scholarships are available for each academic year
Scholarships are awarded one time per year in March/April; application deadline is January 15 th (note: if January 15 th 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:

Be a sophomore, junior, or senior in a BSN program, or a returning RN working toward an advanced nursing degree,
at Hiram College, Kent State University, or The University of Akron.
Have a permanent residence in Ohio.

- ☐ Carry a minimum 3.0 cumulative grade point average.
- □ Be enrolled with six (6) credit hours or more.

Application Process:

To qualify for consideration:

- ☐ The application must be completed in full, signed by the applicant and a guidance counselor or academic advisor, and include all required documentation including:
 - 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. Please send to Pam Danielson at pdanielson@ohnurses.org.
- 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 transcript(s)
- College 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 Dr., Hilliard, Ohio 43026

Direct questions re the ONF Scholarship Program to:

Pam Danielson at pdanielson@ohnurses.org

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTATION WILL NOT BE CONSIDERED.



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Scholarship Application

Name:					Last 4 c	Last 4 digits of SS#:		
Ad	dress:						_	
	Street			City			Zip	
Tel	ephone:	Eı	mail Addre	SS:				
Col	llege Attending:	Hiram C	ollege	Kent State	University		The University of Akron	
Exp	pected date of Graduation:	Month	Year	Degree		Major		
Ha	ve you received a scholarsh	ip from Of	NF in the pa	ast? Yes	No	If yes, y	vear awarded:	
Fo	r the following questions,	you may	attach ad	ditional paper i	f more spo	ace is nee	eded.	
1)	List any clubs or organizati	ions you b	elong to at	your school and	any offices	s you have	e held or currently hold:	
2)	List your participation in a	ny commu	ınity servic	e activities or org	anizations	and the e	extent of your	

3)	List all honors and awards—school related and non-school re	lated:				
4)	Personal Statement: Explain your desire to enter or advance words):	in the profession of n	ursing (no more than 150			
5)	Employment Record – <i>Please attach resume</i> (EMPLOYMENT,	POSITION, and DATE	S OF EMPLOYMENT).			
•	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.						
Stu	dent's Signature:	Date:				
Guidance Counselor or Nursing Advisor must sign below:						
The above and GPA information is true and correct to the best of my knowledge.						
Αdν	visor's Signature: Stu	dent's GPA:	Date:			
Prir	nted Name and Title:	Phone Number:				

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