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MINORITY STUDENT SCHOLARSHIP

*For students who are pursuing their first nursing degree that leads to RN licensure;
live in the state of Ohio and are of a minority race.*

Scholarship Criteria and 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, the deadline is the Monday following the 15th)
- ☐ 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 in the state of Ohio
- ☐ 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; if a high school graduate, must be less than a two year break between high school and enrollment in a 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 or part-time classes during the next academic year.
- ☐ Be a member of a minority race.

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.
- ☐ The following documents must be submitted with the application:
 - ✓ Letter of acceptance into an accredited nursing program or, if part-time, a letter from the school of nursing verifying your student status
 - ✓ Official high school transcript
 - ✓ Official college transcript(s) (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. 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:

- ☐ High school and college (if applicable) academic records
- ☐ School activities and community services
- ☐ Personal statement

Mail application and required documents to:

(Must postmarked by **January 16, 2017**)

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

The Foundation of the Ohio Nurses Association • 4000 East Main Street • Columbus, OH 43213

Phone: 614-237-5414 • Fax: 614-237-6081 • www.ohnurses.org • Updated 11.10.16



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Scholarship Application

Name: _____ Last 4 digits of SS#: _____

Address: _____
Street City State Zip

Telephone: _____ Email Address: _____

High School Name: _____

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

College attending: _____ Part time Full time

Program of study you plan to enroll in: _____

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 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: _____

Print Advisor's Name and Title: _____ Phone: _____

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