

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, 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 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:
 - ✓ 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.
 - ✓ 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 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

- 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) List all honors and awards—school related and non-school related:
- 4) Personal statement: Explain how you will 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 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: _____

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